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NONPROFIT CORPORATION **ANNUAL REPORT** 



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT # N09791

(7)

2.1.11	MEDICAL CENTER FOUNDAT	ION, INC.			1 <b>12 1</b> 4 10 1 114 <b>10</b> 11 104 11 104 10 10		Billiy bibii bib	## <b>01011 010</b> 11 1001
Principal Plac	ce of Business	Moiles Anteles						
		Mailing Address		]				aiāti ālāti 1861
ATLANTIS F	H CONGRESS AVENUE IL 33462	5301 SOUTH CONGRES ATLANTIS FL 33462	S AVENUE	ŀ				
<b>A</b> District					3. Date Incorporated or Qualified 06/17/1985	3a.	Date of Las 06/23/	st Report 1995
	Place of Business	2a. Mailing Address			4. FEI Number			Applied For
Suite, Apt	South Flagler Dr.	- 26 505 South	Flagler	Dr.	59-2644459			Not Applicable
22 Suite	•	Suite, Apr. #, etc.		-	5. Certificate of Status Desired		\$8.7	5 Additional
City & Stai	te	Suite 146 City & State	0				Fee	Required
23 West	Palm Beach, FL	28West Palm	Donah DI	ĺ	6. Election Campaign Financing Trust Fund Contain dies			00 May Be
Zip	Country U. S. A	Zip	Country		Trust Fund Contribution			ed to Fees
24 33401	25 Palm-Boac	19 33401	30 Palm Be	ach	<ol><li>This corporation has liability for Florida Statutes</li></ol>	intangible ☐ Yes <b>√</b>		s. 199.032 <sub>,</sub>
	9. Name and Address of Curren	it Registered Agent		W CIT	10. Name and Address of New I	Registere	d Agent	
			81 Name	!				
SPRINK	LE, PHILIP M., II		<b>62</b> Street	Anth.	Ony J. McNichol (P.O. Box Number is Not Acceptal	as I	II, E	sq
	UTH FLAGLER DR., SUITE 900		62 Street	. Address	(P.O. Box Number is Not Acceptal	ble)	•	•
WEST P	ALM BEACH FL 33401		83 516	spue	ns, Lynn, Klein	-&-M(	<del>Nich</del>	o <del>las</del> —
				NOI	th Flagler Dri	ve, S	Suite	1600
			84 City			E1	<b>85</b> Z	p Code
11. Pursuant	to the provisions of Sections 617.0502 red agent, or both, in the State of Floric ith, and accept the obligations of, Secti	and 617.1508, Florida Statute	s, the above named o	orporatio	I Lm Beach	rnoso of al	3:	3401
or realste	red agent, or both, in the State of Floric	ia. Socy change was authorize	d by the corporation's	board o	f directors. Thereby accept the app	rpose or di iointment a	nanging its is registered	registered offic 1 agent. I am
familiar wi	iui, angraccedi the obligatioge of Starti	OD MITARISON Florida Statutaria						9
familiar wi	iuli, and accept the obligatione of, Secti	on 617,0503, Florida Statutes.			, , , , , , , , , , , , , , , , , , , ,			
familiar wi	Signature, typed or printed name a registrered agent	and title if applicable (NOT			1 105 10	-		
SIGNATURE	Signature, typed or printed name of registered agent.  OFFICERS AND	and title if applicable (NOT	E Registered Agent signature		4/25/96 4/25/96	DATE		
SIGNATURE  12. TITLE	Signature, typed or printed name of requirered agents OFFICERS AND	and title if applicable (NOT	E. Rugistered Agent signature	required whe	1 107 10	DATE	D DIRECTO	DRS IN 12
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SIGNATURE: \_\_

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 4/25/96 407-832-7497 Departs Prome I

CR2E037 (12/95)