

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 APR 18 AM 5:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DO NOT WRITE IN THIS SPACE

DOCUMENT # N09792 (5)

1. Corporation Name

~~PALM BEACH REGIONAL HEALTH SYSTEM, INC.~~
JFK HEALTH SYSTEM, INC.

Principal Place of Business

Mailing Address

5301 SOUTH CONGRESS AVENUE
ATLANTIS FL 33462

5301 SOUTH CONGRESS AVENUE
ATLANTIS FL 33462

3. Date Incorporated or Qualified

06/17/1985

3a. Date of Last Report

03/23/1994

4. FEI Number

59-2644390

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

☒

\$68.75 Supplemental
Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes

☐ Yes

☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

Country

29 Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MCNICHOLAS, ANTHONY J.
515 N. FLAGLER DR.
SUITE 1000
WEST PALM BEACH FL 33401

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE - ~~CD~~
NAME - ~~MOORE, JEANNETTE~~
STREET ADDRESS - ~~2105 S CONGRESS AVE~~
CITY-ST-ZIP - ~~WEST PALM BEACH FL~~

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE - ~~DVC~~
NAME - ~~BROCK, HERBERT~~
STREET ADDRESS - ~~1551 FORUM PLACE~~
CITY - ST - ZIP - ~~W. PALM BEACH FL~~

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

D

☒ Change ☐ Addition

TITLE - ~~DVC~~
NAME - ~~MORGAN, JAMES E JR.~~
STREET ADDRESS - ~~255 S. COUNTY ROAD~~
CITY - ST - ZIP - ~~PALM BEACH FL~~

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE - ~~CD~~
NAME - ~~MCNICHOLAS, ANTHONY~~
STREET ADDRESS - ~~515 N. FLAGLER DRIVE~~
CITY - ST - ZIP - ~~W. PALM BEACH FL~~

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

CD

☒ Change ☐ Addition

TITLE - ~~D~~
NAME - ~~KINTZ, JAMES P.~~
STREET ADDRESS - ~~190 ATLANTIS BLVD.~~
CITY - ST - ZIP - ~~ATLANTIS FL~~

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE - ~~PD~~
NAME - ~~GANGER, WILLIAM A.~~
STREET ADDRESS - ~~5301 S CONGRESS AVE~~
CITY - ST - ZIP - ~~ATLANTIS FL~~

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

Richard C. Cascio

☒ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Richard C. Cascio
SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR
Richard C. Cascio, President

3/3/95 (407) 642-3791

Date

Daytime Phone #

JFK Health System, Inc. Board of Directors (Continued)
Document # N09792 (5)

D

Arrascue, Jose, M.D.
107 B JFK Drive
Atlantis, FL 33462

D

Gershwin, Randy, M.D.
2898 Via Poinciana Drive
Lake Worth, FL 33467

SD

Winokur, Paul, M.D.
3472 Forest Hill Blvd.
West Palm Beach, FL 33407

VCD

Levin, Stephen
446 North Lake Way
Palm Beach, FL 33480

D

Falk, Marshall, M.D.
3120 S. Ocean Blvd.
Palm Beach, FL 33480

D

Moore, Stephen
5757 Lake Worth Road
Greenacres, FL 33463

D

Kintz, James
190 Atlantis Blvd.
Atlantis, FL 33462

D

James, Keith
777 S. Flagler Drive
West Palm Beach, FL 33401