

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # N12631 (0)

1. Corporation Name

SUWANNEE HOSPITAL INC.  
HEALTH

NC-96  
2-5-96  
SEP



800001897378

-07/18/96--01008--044

\*\*\*70.00

Principal Place of Business

Mailing Address

8930 NW 39 AVE  
GAINESVILLE FL 32606  
US

8930 NW 39 AVE  
GAINESVILLE FL 32606  
US

3. Date Incorporated or Qualified  
12/13/1985

3a. Date of Last Report  
04/12/1995

2. Principal Place of Business

2a. Mailing Address

21 4300 NW 89 Blvd

26 4300 NW 89 Blvd

4. FEI Number  
59-2300943

Applied For  
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☒ \$8.75 Additional  
Fee Required

22 City & State

27 City & State

23 Gainesville FL

28 Gainesville FL

6. Election Campaign Financing  
Trust Fund Contribution ☐ \$5.00 May Be  
Added to Fees

24 Zip

25 Country

29 Zip

30 Country

24 32606

25 USA

29 32606

30 USA

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DEMONTMOLLIN STEPHEN J

8930 NW 39TH AVENUE

SUITE 555

GAINESVILLE FL 32606

81 Name

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

4300 NW 89 Blvd

83

84 City

Gainesville

FL

85 Zip Code

32606

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	O'NEIL, GERALD	
STREET ADDRESS	8930 NW 39TH AVE	
CITY-ST-ZIP	GAINESVILLE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	TOWNSEND, WALLCE	
STREET ADDRESS	8930 NW 39TH AVE.	
CITY-ST-ZIP	GAINESVILLE FL	
TITLE	P	<input type="checkbox"/> DELETE
NAME	PEDDIE, EDWARD C.	
STREET ADDRESS	8930 NW 39TH AVE.	
CITY-ST-ZIP	GAINESVILLE FL	
TITLE	DC	<input checked="" type="checkbox"/> DELETE
NAME	DANIEL, C.B.	
STREET ADDRESS	8930 NW 39 AVE	
CITY-ST-ZIP	GAINESVILLE FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	FLETCHER, T.J.	
STREET ADDRESS	8930 NW 39TH AVE.	
CITY-ST-ZIP	GAINESVILLE FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MCGRANAHAN, BOB	
STREET ADDRESS	8930 NW 39TH AVE.	
CITY-ST-ZIP	GAINESVILLE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	D/C	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	Carr, Ed.D., Glenna	
13 STREET ADDRESS	4300 NW 89 Blvd	
14 CITY-ST-ZIP	Gainesville FL 32606	
21 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	Townsend, Wallace	
23 STREET ADDRESS	4300 NW 89 Blvd	
24 CITY-ST-ZIP	Gainesville FL 32606	
31 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	Peddie, Edward	
33 STREET ADDRESS	4300 NW 89 Blvd	
34 CITY-ST-ZIP	Gainesville FL 32606	
41 TITLE	D/T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
42 NAME	Dinkins, Arnold	
43 STREET ADDRESS	4300 NW 89 Blvd	
44 CITY-ST-ZIP	Gainesville FL 32606	
51 TITLE	D/VC	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
52 NAME	Mounger, William	
53 STREET ADDRESS	4300 NW 89 Blvd	
54 CITY-ST-ZIP	Gainesville FL 32606	
61 TITLE	D/S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
62 NAME	Bennett, Edwin	
63 STREET ADDRESS	4300 NW 89 Blvd	
64 CITY-ST-ZIP	Gainesville, FL 32606	

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 119.07(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Asst Secretary

4/26/96

Daytime Phone #

CS 7/17/96

CR2E037 (12/95)

N/2631

2-2

**Suwannee Health, Inc.**  
**(Addendum to 1996 Corporation Annual Report )**

D            Bullard, Audrey, 4300 NW 89 Blvd, Gainesville, FL 32606

D            Daniels, Al, 4300 NW 89 Blvd, Gainesville, FL 32606

D            French, Royal, 4300 NW 89 Blvd, Gainesville, FL 32606

D            Martsolf, Mary, 4300 NW 89 Blvd, Gainesville, FL 32606

D            Nell, Cathy, 4300 NW 89 Blvd, Gainesville, FL 32606

Asst Secretary Hughey, Philip J. 4300 NW 89 Blvd Gainesville, FL 32606