FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

FILED
Aug 20 1996 8:00 am
Secretary of State

DOCUMENT # N15157

1. Corporation Name
EVERGLADES MEMORIAL HOSPITAL, INC.

Principal Place of Business	Mailing Address
c/o Joel T. Strawn 54 NE Fourth Avenue Delray Beach, FL 33483	c/o Joel T. Strawn 54 NE Fourth Avenue Delray Beach, FL 33483

Amended

3. Date Incorporated or Qualified: 5/29/86
3a. Date of Last Report: 5/03/96
4. FEI Number: 59-2659720 ☐ 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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

9. Name and Address of Current Registered Agent

Joel T. Strawn
54 NE Fourth Avenue
Delray Beach, FL 33483

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83 900001927949 -08/21/96--01017--021
84 City ***122.50 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 ______ DATE ______
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	P	☐ DELETE
NAME	Anderson, Donald A.	
STREET ADDRESS	200 S. Barfield Highway	
CITY-ST-ZIP	Pahokee, FL 33476	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
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STREET ADDRESS		
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TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DC	☒ Change ☐ Addition
1.2 NAME	Jones, Edwin	
1.3 STREET ADDRESS	1135 Garden Place	
1.4 CITY-ST-ZIP	Pahokee, FL 33476	
2.1 TITLE	DV	☒ Change ☐ Addition
2.2 NAME	Gallo, Theodore III	
2.3 STREET ADDRESS	3351 Bacom Point Road	
2.4 CITY-ST-ZIP	Pahokee, FL 33476	
3.1 TITLE	DST	☒ Change ☐ Addition
3.2 NAME	Sasser, Faith	
3.3 STREET ADDRESS	212 N. Barfield Highway	
3.4 CITY-ST-ZIP	Pahokee, FL 33476	
4.1 TITLE	D	☒ Change ☐ Addition
4.2 NAME	Baines, Elisha	
4.3 STREET ADDRESS	161 W. Fourth Street	
4.4 CITY-ST-ZIP	Pahokee, FL 33476	
5.1 TITLE	D	☐ Change ☒ Addition
5.2 NAME	Richard Hefernan	
5.3 STREET ADDRESS	2911 East Main Street	
5.4 CITY-ST-ZIP	Pahokee, FL 33476	
6.1 TITLE	D	☐ Change ☒ Addition
6.2 NAME	Roy Singletary	
6.3 STREET ADDRESS	250 South Lake Avenue	
6.4 CITY-ST-ZIP	Pahokee, FL 33476	

CR2E034 (12/95)

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

SIGNATURE: Donald A. Anderson 8/15/96 407/924-5201
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Donald A. Anderson, as President

Attachment to Amended Annual Report - 1996

13. Additions/Changes to Officers and Directors in 12.

☐ Change ☒ Addition

7.1 Title:	D
7.2 Name:	Christopher Movroides, M.D.
7.3 Street Address:	170 South Barfield
	Suite 101
7.4 City-St-Zip:	Pahokee, FL 33476