


FILE NOW: FILING FEE IS \$61.25

APPROVED
AND
FILED

1998 MAR 10 AM 9:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



NONPROFIT CORPORATION ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N15157 (3) 1. Corporation Name EVERGLADES MEMORIAL HOSPITAL, INC.					
Principal Place of Business % JOEL T. STRAWN 54 N.E. FOURTH AVENUE DELRAY BEACH FL 33483			Mailing Address % JOEL T. STRAWN 54 N.E. FOURTH AVENUE DELRAY BEACH FL 33483		
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 05/29/1986 4. FEI Number 59-2659720 Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees			
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
9. Name and Address of Current Registered Agent STRAWN, JOEL T. 54 NE 4TH 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 84 City FL 85 Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
12. OFFICERS AND DIRECTORS					
TITLE	DC	<input type="checkbox"/> DELETE			
NAME	JONES, EDWIN				
STREET ADDRESS	1135 GARDEN PLACE				
CITY-ST-ZIP	PAHOKEE FL				
TITLE	DST	<input type="checkbox"/> DELETE			
NAME	GALLO, THEODORE I				
STREET ADDRESS	3351 BACOMM POINT RD.				
CITY-ST-ZIP	PAHOKEE FL				
TITLE	DV	<input type="checkbox"/> DELETE			
NAME	BAINES, ELISHA				
STREET ADDRESS	181 W. 4TH STREET				
CITY-ST-ZIP	PAHOKEE FL				
TITLE	D	<input type="checkbox"/> DELETE			
NAME	SASSER, FAITH				
STREET ADDRESS	212 N. BARFIELD HWY				
CITY-ST-ZIP	PAHOKEE FL				
TITLE	P	<input type="checkbox"/> DELETE			
NAME	ANDERSON, DONALD A.				
STREET ADDRESS	200 S. BARFIELD HWY.				
CITY-ST-ZIP	PAHOKEE FL				
TITLE	D	<input type="checkbox"/> DELETE			
NAME	MAVROIDES, CHRISTOPHER				
STREET ADDRESS	170 S. BARFIELD HWY				
CITY-ST-ZIP	PAHOKEE FL				
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
1.2 NAME					
1.3 STREET ADDRESS					
1.4 CITY-ST-ZIP					
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
2.2 NAME					
2.3 STREET ADDRESS					
2.4 CITY-ST-ZIP					
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
3.2 NAME					
3.3 STREET ADDRESS					
3.4 CITY-ST-ZIP					
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY-ST-ZIP					
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY-ST-ZIP					
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
6.2 NAME					
6.3 STREET ADDRESS					
6.4 CITY-ST-ZIP					

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Donald A. Anderson* / *Donald A. Anderson* 2/2/98 (54) 924-5201

CR2E037 (10/97)