

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Mar 02, 1999 8:00 am  
Secretary of State

03-02-1999 90041 027 \*\*\*\*61.25

DOCUMENT # N15157

1. Corporation Name

EVERGLADES MEMORIAL HOSPITAL, INC.

Principal Place of Business

54 N.E. FOURTH AVENUE  
DELRAY BEACH FL 33483

Mailing Address

54 N.E. FOURTH AVENUE  
DELRAY BEACH FL 33483



2. Principal Place of Business

21 200 S. Barfield Highway  
Suite, Apt. #, etc.

22

City & State

23 Pahokee, FL.

Zip Country

24 33476

25 USA

2a. Mailing Address

26 200 S. Barfield Highway  
Suite, Apt. #, etc.

27

City & State

28 Pahokee, FL.

Zip Country

29 33476

30 USA

3. Date Incorporated or Qualified

05/29/1986

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

9. Name and Address of Current Registered Agent

ANDERSON, DONALD A  
200 SOUTH BARFIELD HIGHWAY  
PAHOKEE FL 33476

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DC  
NAME JONES, EDWIN  
STREET ADDRESS 1135 GARDEN PLACE  
CITY-ST-ZIP PAHOKEE FL

☐ DELETE

TITLE DST  
NAME GALLO, THEODORE I  
STREET ADDRESS 3351 BACOMM POINT RD.  
CITY-ST-ZIP PAHOKEE FL

☐ DELETE

TITLE DV  
NAME BAINES, ELISHA  
STREET ADDRESS 161 W. 4TH STREET  
CITY-ST-ZIP PAHOKEE FL

☐ DELETE

TITLE D  
NAME SASSER, FAITH  
STREET ADDRESS 212 N. BARFIELD HWY  
CITY-ST-ZIP PAHOKEE FL

☐ DELETE

TITLE P  
NAME ANDERSON, DONALD A.  
STREET ADDRESS 200 S. BARFIELD HWY.  
CITY-ST-ZIP PAHOKEE FL

☐ DELETE

TITLE D  
NAME MAVROIDES, CHIRSTOPHER  
STREET ADDRESS 170 S. BARFIELD HWY  
CITY-ST-ZIP PAHOKEE FL

☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)