


FILE NOW: FILING FEE IS \$61.25

FILED

Apr 30 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N17325 (4) 1. Corporation Name REGIONAL HEALTHCARE, INC.					
Principal Place of Business 14540 CORTEZ BLVD. BROOKSVILLE FL 34613			Mailing Address 14540 CORTEZ BLVD. BROOKSVILLE FL 34613-6056		
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 10/14/1986 3a. Date of Last Report 03/07/1996 4. FEI Number 59-2735979 5. Certificate of Status Desired <input type="checkbox"/> 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> 7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent DOLNER, NATHANIEL L. ONE HARBOUR PLACE 5TH FLOOR TAMPA FL 33602				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	CD	<input type="checkbox"/> DELETE			
NAME	ESCAMILLA, BETTY				
STREET ADDRESS	204 SUNSET DRIVE				
CITY-ST-ZIP	BROOKSVILLE FL 34601				
TITLE	VCD	<input type="checkbox"/> DELETE			
NAME	HOGAN, THOMAS S SR				
STREET ADDRESS	651 SOUTH BROAD STREET				
CITY-ST-ZIP	BROOKSVILLE FL 34601				
TITLE	STD	<input type="checkbox"/> DELETE			
NAME	MCNEIL, WITTIE E				
STREET ADDRESS	5205 COLCHESTER AVENUE				
CITY-ST-ZIP	SPRING HILL FL 34808				
TITLE	D	<input type="checkbox"/> DELETE			
NAME	PIERMATTEO, JOSEPH J.				
STREET ADDRESS	951 MOONLIGHT LANE				
CITY-ST-ZIP	BROOKSVILLE FL				
TITLE	D	<input type="checkbox"/> DELETE			
NAME	PRICE, CHARLES W				
STREET ADDRESS	614 ERIN WAY				
CITY-ST-ZIP	BROOKSVILLE FL 34601				
TITLE	PD	<input checked="" type="checkbox"/> DELETE			
NAME	DEPEW, JOE				
STREET ADDRESS	2849 CRYSTAL LAKE DR				
CITY-ST-ZIP	SPRING HILL 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	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
6.2 NAME	Thomas D. Barb				
6.3 STREET ADDRESS	3303 Flamingo Blvd.				
6.4 CITY-ST-ZIP	Spring Hill, FL 34607				

14. I do 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Thomas D. Barb, President

Date

(352) 596-1130

Daytime Phone # 000000

CR2E037 (9/96)