


FILE NOW: FILING FEE IS \$61.25

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NONPROFIT CORPORATION ANNUAL REPORT <b>1996</b>		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <b>N19898</b> (8) 1. Corporation Name <b>LAKE SHORE HOSPITAL, INC.</b> <b>HEALTH</b>			
Principal Place of Business <b>8930 NW 39th Ave</b> <b>GAINESVILLE FL 32606</b> <b>US</b>		Mailing Address <b>8930 NW 39th Avenue</b> <b>PO BOX 749</b> <b>GAINESVILLE FL 32602-0749</b> <b>US</b>	
2. Principal Place of Business <b>21 4300 NW 89 Blvd.</b> Suite, Apt. #, etc. <b>22</b>		2a. Mailing Address <b>26 4300 NW 89 Blvd</b> Suite, Apt. #, etc. <b>27</b>	
City & State <b>23 Gainesville FL</b> Zip Country <b>24 32606 25 USA</b>		City & State <b>28 Gainesville, FL</b> Zip Country <b>29 32606 30 USA</b>	
3. Date Incorporated or Qualified <b>03/31/1987</b>			
3a. Date of Last Report <b>04/12/1995</b>			
4. FEI Number <b>59-2790725</b>			
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>			
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent <b>DEMONTMOLLIN, STEPHEN J</b> <b>8930 NW 39th Avenue</b> <b>GAINESVILLE FL 32606</b>		10. Name and Address of New Registered Agent <b>81 Name</b> <b>82 Street Address (P.O. Box Number is Not Acceptable)</b> <b>4300 NW 89 Blvd.</b> <b>83</b> <b>84 City Gainesville FL 85 Zip Code 32606</b>	
11. Pursuant to the provisions of Sections 617.0502 and 617.4508, 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 <i>Stephen J Demontmollin</i> DATE <b>4/26/96</b> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)</small>			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '92	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BULLARD, AUDREY</b> <b>8930 NW 39TH AVENUE</b> <b>GAINESVILLE FL</b> <input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<b>D/C</b> <b>Carr, Ed.D., Glenna</b> <b>4300 NW 89 Blvd.</b> <b>Gainesville, FL 32606</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>FRENCH, ROYAL</b> <b>8930 NW 39TH AVENUE</b> <b>GAINESVILLE FL</b> <input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<b>D</b> <b>French, Royal</b> <b>4300 NW 89 Blvd</b> <b>Gainesville, FL 32606</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DVC</b> <b>WILLIAMS, JAMES</b> <b>8930 NW 39TH AVENUE</b> <b>GAINESVILLE FL</b> <input checked="" type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<b>D/VC</b> <b>Mounger, William</b> <b>4300 NW 89 Blvd</b> <b>Gainesville, FL 32606</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>PEDDIE, EDWARD</b> <b>8930 NW 39TH AVENUE</b> <b>GAINESVILLE FL</b> <input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<b>P</b> <b>Peddie, Edward</b> <b>4300 NW 89 Blvd</b> <b>Gainesville, FL 32606</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>O'NEIL, GERALD</b> <b>720 NW 2ND AVENUE</b> <b>GAINESVILLE FL</b> <input checked="" type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<b>D/T</b> <b>Dinkins, Arnold</b> <b>4300 NW 89 Blvd</b> <b>Gainesville, FL 32606</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>OZAKI, CHARLES</b> <b>8930 NW 39TH AVENUE</b> <b>GAINESVILLE FL</b> <input checked="" type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<b>D/S</b> <b>Bennett, Edwin</b> <b>4300 NW 89 Blvd.</b> <b>Gainesville, FL 32606</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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: <i>Philip J. Hughes</i> DATE <b>4/26/96</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			

CR2E037 (12/95)

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

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

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

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

D Townsend, Wallace, 4300 NW 89 Blvd, Gainesville, FL 32606

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