

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N25324 (7)

1. Corporation Name

SPRING HILL REGIONAL HOSPITAL, INC.

Principal Place of Business

14540 CORTEZ BLVD.
BROOKSVILLE FL 34613

Mailing Address

14540 CORTEZ BLVD.
BROOKSVILLE FL 34613



3. Date Incorporated or Qualified

03/10/1988

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

4. FEI Number

59-2962858

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DOLINER, NATHANIEL L.
ONE HARBOUR PLACE, SUITE 500
TAMPA FL 33602

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83. 5th Floor

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

2-16-96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE CD ☐ DELETE
NAME ESCAMILLA, BETTY
STREET ADDRESS 204 SUNSET DRIVE
CITY-ST-ZIP BROOKSVILLE FL 34601

1.1 TITLE D ☐ Change ☒ Addition
1.2 NAME Piermatteo, Joseph J.
1.3 STREET ADDRESS 951 Moonlight Lane
1.4 CITY-ST-ZIP Brooksville, FL 34601

TITLE STD ☐ DELETE
NAME MCNEIL, WITTIE E.
STREET ADDRESS 5205 COLCHESTER AVE.
CITY-ST-ZIP SPRINGHILL FL

2.1 TITLE D ☐ Change ☒ Addition
2.2 NAME Price, Charles W. Jr
2.3 STREET ADDRESS 614 Erin Way
2.4 CITY-ST-ZIP Brooksville, FL 34601

TITLE PD ☒ DELETE
NAME DICKSON, JAMES
STREET ADDRESS P.O. BOX 37 N/A
CITY-ST-ZIP BROOKSVILLE FL 34605

3.1 TITLE PD ☐ Change ☒ Addition
3.2 NAME DePew, Joe
3.3 STREET ADDRESS 2849 Crystal Lake Drive
3.4 CITY-ST-ZIP Spring, Hill, FL 34606

TITLE D ☐ DELETE
NAME HOGAN, THOMAS
STREET ADDRESS 651 SOUTH BROAD STREET
CITY-ST-ZIP BROOKSVILLE FL 34601

4.1 TITLE PD ☒ Change ☐ Addition
4.2 NAME Hogan, Thomas
4.3 STREET ADDRESS 651 South Broad Street
4.4 CITY-ST-ZIP Brooksville, FL 34601

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE D ☐ Change ☒ Addition
5.2 NAME Whitehouse, Mary
5.3 STREET ADDRESS 23090 Peppermill Drive
5.4 CITY-ST-ZIP Brooksville, FL 34601

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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:

Betty Escamilla

Betty Escamilla

1/24/96

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

CR2E037 (12/95)