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FILED

Apr 30 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONSDOCUMENT # **N25324** (7)

1. Corporation Name

SPRING HILL REGIONAL HOSPITAL, INC.

Principal Place of Business

**14540 CORTEZ BLVD.
BROOKSVILLE FL 34813**

Mailing Address

**14540 CORTEZ BLVD.
BROOKSVILLE FL 34813-8056**

3. Date Incorporated or Qualified

03/10/1988

3a. Date of Last Report

03/07/1996

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

2. Principal Place of Business

21 Suite, Apt. #, etc

2a. Mailing Address

26 Suite, Apt. #, etc.

City & State

23

City & State

27

Zip

24

Country

25

Zip

29

Country

30

9. Name and Address of Current Registered Agent

**DOLINER, NATHANIEL L.
ONE HARBOUR PLACE, SUITE 500
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

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 **CD** ☐ DELETENAME **ESCAMILLA, BETTY**
STREET ADDRESS **204 SUNSET DRIVE**
CITY - ST - ZIP **BROOKSVILLE FL 34801**TITLE **STD** ☐ DELETENAME **MCNEIL, WITTIE E.**
STREET ADDRESS **5205 COLCHESTER AVE.**
CITY - ST - ZIP **SPRINGHILL FL**TITLE **D** ☐ DELETENAME **PIERMATTEO, JOSEPH J.**
STREET ADDRESS **951 MOONLIGHT LANE**
CITY - ST - ZIP **BROOKSVILLE FL**TITLE **VCD** ☐ DELETENAME **HOGAN, THOMAS**
STREET ADDRESS **651 SAOUTH BROAD STREET**
CITY - ST - ZIP **BROOKSVILLE FL**TITLE **D** ☐ DELETENAME **PRICE, CHARLES W. JR**
STREET ADDRESS **614 ERIN WAY**
CITY - ST - ZIP **BROOKSVILLE FL**TITLE **D** ☒ DELETENAME **WHITEHOUSE, MARY**
STREET ADDRESS **23090 PEPPERMILL DR**
CITY - ST - ZIP **BROOKSVILLE FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☒ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

P
Thomas D. Barb
3303 Flamingo Boulevard
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 REQUIRED. Barb, President**(352) 596-1130**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # **0086613**

CR2E037 (9/96)