## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name N25324

SPRING HILL REGIONAL HOSPITAL, INC.

Suito, Apt. #, etc   Suito, Ap	A(OH BIBH ANDII HADI
2. Principal Place of Business	
Suito, Apt. #, etc   Suito, Apt. #, etc   Suito, Apt. #, etc.   Su	ast Report 7/1996
Suite, Apt. #, etc.    Suite, Apt. #, etc.	Applied For
City & State	Not Applicable
City & State  28  City & State  28  City & State  28  Country  29  Country  20  Country  30  S. This corporation has flability or intengible raw under s Florida Statutes  9. Name and Address of Current Registered Agent  10. Name and Address of New Registered Agent  10. Name and Address of New Registered Agent  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 it 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 agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes  12. OFFICERS AND DIRECTORS  13. ADDITIONS(CHANGES TO OFFICERS AND DIRECTORS  14. ONE Registered Agent algoritum recurred when reinsteing)  DATE  12. OFFICERS AND DIRECTORS  13. ADDITIONS(CHANGES TO OFFICERS AND DIRECTORS  14. ONE Registered Agent algoritum recurred when reinsteing)  DATE  12. OFFICERS AND DIRECTORS  13. ADDITIONS(CHANGES TO OFFICERS AND DIRECTORS)  14. ONE STREET ADDRESS  204 SUNSET DRIVE  BROOKSYILLE Ft. 34601  DELETE  1.1 TITLE  1.2 Change  MCNEIL, WITTE E.  2.2 STREET ADDRESS  2.3 STREET ADDRESS  2.4 City,  Change  Chan	75 Additional
2	ee Required
Zip   Country   Zip   Country   Zip   So   Florida Statutes   Yes   No	.00 May Be
9. Name and Address of Current Registered Agent  DOLINER, NATHANIEL L. ONE HARBOUR PLACE, SUITE 500 5TH FLOOR TAMPA FL 33602  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 it office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation submits this statement for the purpose of changing it office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation submits this statement for the purpose of changing it 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 epiloriment as agent. I am tamiliar with, and accept the obligations of, Section 617.0503, Florida Statutes.  SIGNATURE  Signature typed or printed name of registered agent and site if applicable (NOTE: Registered Agent algoritum required when reinstating)  DATE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  11. STREET ADDRESS  2014 SUNSET DRIVE  BROOKSVILLE FL 34601  14. DITY-51-27P  BROOKSVILLE FL 34601  15. ITHILE  DELETE  1.1 TITLE  1.2 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  1.3 STREET ADDRESS  STREET ADDRESS  STREET ADDRESS  SPRINGHILL FL  2.2 AGITY-51-27P  DELETE  3.2 STREET ADDRESS  SPRINGHILL FL  3.3 STREET ADDRESS  SPRINGHILL FL  4.2 NAME  BROOKSVILLE FL  4.2 NAME  4.2 NAME  4.2 NAME  4.2 NAME  4.2 NAME  4.3 STREET ADDRESS  STRE	
DOLINER, NATHANIEL L ONE HARBOUR PLACE, SUITE 500 5TH FLOOR TAMPA FL 33602  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 it office or registered agent, or both, in the State of Florida. Such change was sulmoized by the corporation's board of directors. I thereby accept the appointment as agent, and temperature the obligations of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing it office or registered agent, or both, in the State of Florida. Such change was sulmoized by the corporation's board of directors. I thereby accept the appointment as agent, and temperature dependent agent and title if applicable.  Signature:    Signature:   Types or printed name of regulations agent and title if applicable.   (NOTE: Regulaters Agent algoritument results) when remarking.   DATE	UBI 6. 199.U32,
DOLINER, NATHANIEL L ONE HARBOUR PLACE, SUITE 500 5TH FLOOR TAMPA FL 33602  84 City	
ONE HARBOUR PLACE, SUITE 500 5TH FLOOR TAMPA FL 33602  84 City : FL 85 Zip  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 it 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 agent, tarn familiar with, and accept the obligations of, Section 617,503, Florida Statutes.  SIGNATURE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  14. OFFICERS AND DIRECTORS  15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  16. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  17. ITILE  18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  19. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  29. ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR	
ONE HARBOUR PLACE, SUITE 500 5TH FLOOR TAMPA FL 33802  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 in 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 agent, I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.  SIGNATURE  Signature: Types or primed have of registered agent and title if applicable.  OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR  TITLE  CD DELETE 1.11TILE  CCD DELETE 1.11TILE  CCD DELETE 1.11TILE  STD DELETE 2.1TILE  CO Change  MAME  MONEL, WITTIE E.  S22 NAME  STREET ADDRESS  SPRINGHILL FL  DELETE 3.1TILE  DELETE 3.1TILE  DELETE 3.1TILE  C Change  DELETE 3.1TILE  C Change  MAME  MONEL, WITTIE E.  S23 STREET ADDRESS  SPRINGHILL FL  DELETE 3.1TILE  DELETE 3.1TILE  C Change  C C C Change  C C C Change  C C C Change  C C C C Change  C C C C C C C C C C C C C C C C C C C	
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NAME WHITEHOUSE, MARY 62 NAME Thomas D. Barb	
STREET ADDRESS 23090 PEPPERMILL DR 63 STREET ADDRESS 3303 Flamingo Boulevard	

BROKSVILE FL

6.4 CITY-ST-ZIP Spring H111, 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.

(352) 596-1130 Davime Phone # 00666

**FILED** 

Apr 30 1997 8:00am

Secretary of State