

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

FILED

98 MAR 26 PM 1:33

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**

4. FEI Number

**59-2962858**

Applied For

Not Applicable

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

5. Certificate of Status Desired ☒

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing

Trust Fund Contribution ☐

**\$5.00 May Be  
Added to Fees**

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ 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  
5TH FLOOR  
TAMPA FL 33602**

81 Name

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

**777 S. Harbour Island Boulevard**

83

**One Harbour Place**

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

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 ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP **7000002475677--0**

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

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP **-04/01/98--0109 Page-009 Addition  
\*\*\*\*\*70.00 \*\*\*\*\*70.00**

TITLE **D** ☐ DELETE  
NAME **PIERMATTEO, JOSEPH J.**  
STREET ADDRESS **951 MOONLIGHT LANE**  
CITY-ST-ZIP **BROOKSVILLE FL**

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE **VCD** ☐ DELETE  
NAME **HOGAN, THOMAS**  
STREET ADDRESS **651 SAOUTH BROAD STREET**  
CITY-ST-ZIP **BROOKSVILLE FL**

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP **5c 3.26-18**

TITLE **D** ☐ DELETE  
NAME **PRICE, CHARLES W. JR**  
STREET ADDRESS **614 ERIN WAY**  
CITY-ST-ZIP **BROOKSVILLE FL**

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE **P** ☐ DELETE  
NAME **BARB, THOMAS D**  
STREET ADDRESS **3303 FLAMINGO BLVD.**  
CITY-ST-ZIP **SPRING HILL FL**

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

14. I 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]**

(352) 596-7225

CR2E037 (10/97)