

# 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 # N40281 (0)**

1. Corporation Name

**SAXON MEDICAL CENTER CORPORATION**



Principal Place of Business

Mailing Address

245 E. NEW YORK AVENUE  
P. O. BOX 940  
DELAND FL 32721-0940  
US

245 E. NEW YORK AVENUE  
P. O. BOX 940  
DELAND FL 32721-0940  
US

3. Date incorporated or Qualified

10/09/1990

3a. Date of Last Report

05/01/1995

4. FEI Number

~~89-6845101~~ 59-3162259

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

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

9. Name and Address of Current Registered Agent

SHERMAN, WILLIAM E.  
145 E. RICH AVENUE  
701 W PLYMOUTH AVE  
DELAND FL 32724

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  
NAME GARDNER, WAYNE E.  
STREET ADDRESS 548 MCNEAL DRIVE  
CITY-ST-ZIP DELTONA FL ☒ DELETE

TITLE PD  
NAME GRABLE, MICHAEL  
STREET ADDRESS 200 E. RICH AVENUE  
CITY-ST-ZIP DELAND FL ☐ DELETE

TITLE VPD  
NAME ALLEN, MORAN L.  
STREET ADDRESS 936 STRATTON STREET  
CITY-ST-ZIP DELTONA FL ☒ DELETE

TITLE SD  
NAME SWEENEY, GLENN R.  
STREET ADDRESS 570 HAYMAN COURT  
CITY-ST-ZIP DEBARY FL ☐ DELETE

TITLE TD  
NAME MENTZER, JR. W  
STREET ADDRESS 359 DEER MOSS TRAIL  
CITY-ST-ZIP DELAND FL ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE CD ☒ Change ☐ Addition  
1.2 NAME Michael Grable, M.D.  
1.3 STREET ADDRESS 685 Peachwood Drive  
1.4 CITY-ST-ZIP DeLand, FL 32720 ☒ Change ☒ Addition

2.1 TITLE PD  
2.2 NAME Marie B. Dawson  
2.3 STREET ADDRESS 743 Eastover Circle  
2.4 CITY-ST-ZIP DeLand, FL 32720 ☒ Change ☒ Addition

3.1 TITLE VPD ☒ Change ☐ Addition  
3.2 NAME Walter J. Mentzer, Jr.  
3.3 STREET ADDRESS 359 Deer Moss Trail  
3.4 CITY-ST-ZIP DeLand, FL 32724

4.1 TITLE SD/TD ☒ Change ☐ Addition  
4.2 NAME Glenn R. Sweeney  
4.3 STREET ADDRESS 570 Hayman Court  
4.4 CITY-ST-ZIP DeBary, FL 32713

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

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

100001746211

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-11-96

904-736-3463

Date

Daytime Phone #

CR2E037 (12/95)

3-15-1996