

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 # N40967

(4)

1. Corporation Name

SAXON HOSPITAL 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

11/27/1990

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-3162125

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

24

Zip

Country

29

Zip

Country

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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

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

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

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

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

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

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

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

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

300001746213
-03/18/96--01022--020

***61.25

☐

Change

☐

Addition

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 for 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

Date

904-736-3463

Daytime Phone #

CR2E037 (12/95)

3-15-1996