FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 13 AM 11:04

DOCUMENT # N42167 (9)

1. Corporation Name
CALHOUN-LIBERTY HOSPITAL ASSOCIATION, INC.

Principal Place of Business	Mailing Address
424 BURNES AVENUE BLOUNTSTOWN FL 32424	424 BURNES AVENUE BLOUNTSTOWN FL 32424

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/21/1991
3a. Date of Last Report: 04/11/1994
4. FEI Number: 59-3051173 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 424 Burns Ave	26 424 Burns Ave
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Blountstown, FL	City & State 28 Blountstown, FL
Zip 24 32424 Country 25	Zip 29 32424 Country 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. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
BROCK, MARGARET Z. 424 BURNS AVENUE BLOUNTSTOWN FL 32424	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 607.0502 and 607.1509, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	C	1.1 TITLE	☐ Change ☐ Addition
NAME	BROCK, MARGARET Z.	1.2 NAME	
STREET ADDRESS	424 BURNS AVENUE	1.3 STREET ADDRESS	
CITY-ST-ZIP	BLOUNTSTOWN FL	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	WHITFIELD, RALPH	2.2 NAME	
STREET ADDRESS	HWY 12 E	2.3 STREET ADDRESS	
CITY-ST-ZIP	BRISTOL FL	2.4 CITY-ST-ZIP	
TITLE	SD	3.1 TITLE	☐ Change ☐ Addition
NAME	WILLIAMS, LADDIE	3.2 NAME	
STREET ADDRESS	819 FIFTH STREET	3.3 STREET ADDRESS	
CITY-ST-ZIP	BLOUNTSTOWN FL	3.4 CITY-ST-ZIP	
TITLE	TD	4.1 TITLE	☐ Change ☐ Addition
NAME	ADAMS, TOM	4.2 NAME	
STREET ADDRESS	1115 N. HWY 71	4.3 STREET ADDRESS	
CITY-ST-ZIP	BLOUNTSTOWN FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	D ☒ Change ☐ Addition
NAME	SUMMERS, LESTER	5.2 NAME	Summers, Lester
STREET ADDRESS	PO BOX 400 NA	5.3 STREET ADDRESS	P.O. Box 400 NA
CITY-ST-ZIP	BRISTOL FL	5.4 CITY-ST-ZIP	Bristol, FL Delete
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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: Margaret Z Brock M.D. 3/7/95 904-674-5411
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0028765