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Jan 30 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # N42167 (9)
1. Corporation Name
CALHOUN-LIBERTY HOSPITAL ASSOCIATION, INC.



Principal Place of Business: 424 BURNS AVE. BLOUNTSTOWN FL 32424 US
Mailing Address: 424 BURNS AVE. BLOUNTSTOWN FL 32424-1004 US

3. Date Incorporated or Qualified: 02/21/1991
3a. Date of Last Report: 07/11/1996

2. Principal Place of Business (21-24): Suite, Apt. #, etc., City & State, Zip, Country
2a. Mailing Address (26-30): Suite, Apt. #, etc., City & State, Zip, Country

4. FEI Number: 59-3051173
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

9. Name and Address of Current Registered Agent
BROCK, MARGARET Z.
424 BURNS AVENUE
BLOUNTSTOWN FL 32424

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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	C	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROCK, MARGARET Z.	12 NAME	
STREET ADDRESS	424 BURNS AVENUE	13 STREET ADDRESS	
CITY - ST - ZIP	BLOUNTSTOWN FL	14 CITY - ST - ZIP	
TITLE	D	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WHITFIELD, RALPH	22 NAME	
STREET ADDRESS	HWY 12 E	23 STREET ADDRESS	
CITY - ST - ZIP	BRISTOL FL	24 CITY - ST - ZIP	
TITLE	SD	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAMS, LADDIE	32 NAME	
STREET ADDRESS	819 FIFTH STREET	33 STREET ADDRESS	
CITY - ST - ZIP	BLOUNTSTOWN FL	34 CITY - ST - ZIP	
TITLE	TD	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ADAMS, TOM	42 NAME	
STREET ADDRESS	1115 N. HWY 71	43 STREET ADDRESS	
CITY - ST - ZIP	BLOUNTSTOWN FL	44 CITY - ST - ZIP	
TITLE		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY - ST - ZIP		54 CITY - ST - ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY - ST - ZIP		64 CITY - ST - ZIP	

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NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY - ST - ZIP		64 CITY - ST - ZIP	

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.

SIGNATURE: *Margaret Z. Brock* 1-8-97 424-1445

CR2E037 (9/96)