


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Sep 02 1998 8:00am⁸
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N45050 (4) 1. Corporation Name HARDEE MEMORIAL HOSPITAL, INC.					
Principal Place of Business P.O. DRAWER 1720 WAUCHULA FL 33873		Mailing Address P.O. DRAWER 1720 WAUCHULA FL 33873		3. Date Incorporated or Qualified 09/09/1991	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29		4. FEI Number 65-0291105 Applied For Not Applicable	
9. Name and Address of Current Registered Agent TERRELL, DEWEY M 406 N 6TH AVENUE WAUCHULA FL 33873		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			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PCD	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	TERRELL, DEWEY M		1.2 NAME		
STREET ADDRESS	STRENTSTROM ROAD		1.3 STREET ADDRESS		
CITY-ST-ZIP	WAUCHULA FL		1.4 CITY-ST-ZIP		
TITLE	VCD	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	EZELLE, MARCUS J		2.2 NAME		
STREET ADDRESS	1041 BRIARWOOD DRIVE		2.3 STREET ADDRESS		
CITY-ST-ZIP	WAUCHULA FL		2.4 CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SHUMARD, DENISE		3.2 NAME		
STREET ADDRESS	500 KELLY COURT		3.3 STREET ADDRESS		
CITY-ST-ZIP	WAUCHULA FL		3.4 CITY-ST-ZIP		
TITLE	STD	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SMITH, SUSAN C		4.2 NAME		
STREET ADDRESS	DAMSBUR ROAD		4.3 STREET ADDRESS		
CITY-ST-ZIP	WAUCHULA FL		4.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			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)(l), 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			8/16/98 941-773-4136 Date Daytime Phone #		

CR2E037 (5/98)