

FILE NOW: FILING FEE IS \$61.25

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**Jan 24 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 # N47901 (6)
1. Corporation Name
PALM SPRINGS MEDICAL CENTER, INC.



Principal Place of Business Mailing Address
**685 PALM SPRINGS DRIVE
STE. #1A
ALTAMONTE SPRINGS FL 32701** **685 PALM SPRINGS DRIVE
STE. #1A
ALTAMONTE SPRINGS FL 32701-7863**

3. Date Incorporated or Qualified **03/16/1992** 3a. Date of Last Report **04/02/1996**

21. Principal Place of Business	2a. Mailing Address	4. FEI Number 58-2103456	Applied For <input type="checkbox"/> Not Applicable
22. Suite, Apt #, etc	27. Suite, Apt #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23. City & State	28. City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24. Zip	25. Country	29. Zip	30. Country
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	

**WEIGLEY, MARK E.
685 PALM SPRINGS DRIVE
STE. #1A
ALTAMONTE SPRINGS FL 32701**

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	FL
83.	
84. City	

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEIGLEY, MARK E.	1.2 NAME	
STREET ADDRESS	685 PALM SPRINGS DR., #1A	1.3 STREET ADDRESS	
CITY-ST-ZIP	ALTAMONTE SPGS. FL 32701	1.4 CITY-ST-ZIP	
TITLE	DST <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUIZ, CARLOS J.	2.2 NAME	
STREET ADDRESS	685 PALM SPRINGS DR., #1A	2.3 STREET ADDRESS	
CITY-ST-ZIP	ALTAMONTE SPGS. FL 32701	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRUMAN, MARSHALL	3.2 NAME	
STREET ADDRESS	251 E. 5TH AVE.	3.3 STREET ADDRESS	
CITY-ST-ZIP	MT. DORA FL 32757	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		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 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 a address.

SIGNATURE: *Mark E. Weigley* **Mark E. Weigley, MD 1-14-97 407-339-5959**

CR2E037 (9/96)