


**FILE NOW: FILING FEE IS \$61.25**

**FILED**

**Jan 30 1998 8:00am  
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra E. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N47901 (6)**  
1. Corporation Name  
**PALM SPRINGS MEDICAL CENTER, INC.**



Principal Place of Business 685 PALM SPRINGS DRIVE STE. #1A ALTAMONTE SPRINGS FL 32701	Mailing Address 685 PALM SPRINGS DRIVE STE. #1A ALTAMONTE SPRINGS FL 32701
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3. Date Incorporated or Qualified  
**03/16/1992**

4. FEI Number  
**58-2103456**

Applied For	Not Applicable
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2. Principal Place of Business  
21. Suite, Apt. #, etc.  
22. City & State  
23. Zip  
24. Country

2a. Mailing Address  
26. Suite, Apt. #, etc.  
27. City & State  
28. Zip  
29. Country

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. Is this nonprofit corporation a homeowners association?  
 Yes  No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  
 Yes  No

9. Name and Address of Current Registered Agent  
**WEIGLEY, MARK E.  
685 PALM SPRINGS DRIVE  
STE. #1A  
ALTAMONTE SPRINGS FL 32701**

10. Name and Address of New Registered Agent

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	<b>FL</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	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	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	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		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		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		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)(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 in an attachment with an address.

SIGNATURE: [Signature] 1-22-98 (407) 339-5959

CR2E037 (10/97)