


FILE NOW: FILING FEE IS \$61.25

FILED

Feb 04 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N49472 (6)**

1. Corporation Name

**LAKE WALES MEDICAL CENTERS, INC.**

Principal Place of Business

Mailing Address

**410 SOUTH 11TH STREET  
LAKE WALES FL 33853****PO BOX 3460  
LAKE WALES FL 33859-3460  
US**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>06/18/1992</b>	3a. Date of Last Report <b>03/11/1996</b>
21		26		4. FEI Number <b>59-3134978</b>	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
22		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
City & State		City & State		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
23		28			
Zip	Country	Zip	Country		
24	25	29	30		

## 9. Name and Address of Current Registered Agent

## 10. Name and Address of New Registered Agent

**CONNELL, JOE M.  
410 SOUTH 11TH STREET  
LAKE WALES FL 33853**

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	TC <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HUNT, G. ELLIS</b>	1.2 NAME	
STREET ADDRESS	<b>932 SOUTH LAKE SHORE BLVD.</b>	1.3 STREET ADDRESS	
CITY - ST - ZIP	<b>LAKE WALES FL 33853</b>	1.4 CITY - ST - ZIP	
TITLE	TV <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ULLMAN, DAVID</b>	2.2 NAME	
STREET ADDRESS	<b>1316 HIGHLAND PARK DRIVE</b>	2.3 STREET ADDRESS	
CITY - ST - ZIP	<b>LAKE WALES FL 33853</b>	2.4 CITY - ST - ZIP	
TITLE	TT <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>UPDIKE, LAWRENCE C</b>	3.2 NAME	
STREET ADDRESS	<b>STEVENS LOOP RD</b>	3.3 STREET ADDRESS	
CITY - ST - ZIP	<b>BABSON PARK FL</b>	3.4 CITY - ST - ZIP	
TITLE	TS <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MIMS, VIRGINIA S.</b>	4.2 NAME	
STREET ADDRESS	<b>200 EMERALD AVENUE, #121</b>	4.3 STREET ADDRESS	
CITY - ST - ZIP	<b>LAKE WALES FL 33853</b>	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 an address.

SIGNATURE:  **G. Ellis Hunt, Chairman**

01-20-97

(941) 676-1433

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0054051

CR2E037 (9/96)