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ANNUAL F	REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

SIGNATURE:

DOCUMENT # N9300000435 (8) FRIENDS OF PRINCETON HOSPITAL FOUNDATION, INC.					
Principal Place of Business 1800 MERCY DRIVE ORLANDO FL 32808		Mailing Address		6 10 0010 0 10 10 10 10 11 0 0 11 0 0 0 11 0 0 0 11 1 0 0 0 11 1 0 0 0 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	-4111 44111 44111 44411 44411 4441 4441
		KENNETH B. WHEELER. LL.M. TAX. P.A. 300 GARFIELD AVE STE. 100 WINTER PARK FL 32789-3179		Date Incorporated or Qualified 3a. Date of Last Report	
				02/01/1993	03/15/1995
Principal Plac	e of Business	2a. Mailing Address		4. FEI Number 59-3162401	Applied For Not Applicable
Outro 1	etc	Suite, Apt. #, etc.			\$8.75 Additional
Suite, Apt. #.	, atc.	27		Certificate of Status Desired	Fee Required
City & State		City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
		28 Zin	Country	Trust Fund Contribution 8. This corporation has liability for it	Added to Fees
Zip 1	Country	Zıp 29	30	Florida Statutes	Yes ₩ No
	25 9. Name and Address of Curren			10. Name and Address of New R	Registered Agent
	C		81 Name		
WHEEL ER	R, KENNETH B	wife inna Avenue	82 Street Add	dress (P.O. Box Number is Not Acceptab	ole)
308-GARF	FIELD AVENUE 1133 FC	auisiana Avenue	•		
SUITE 19	q Suite	VUU	63		
	PARK F1 32789		84 City		FL 85 Zip Code
		2 and 617 4600 Ft 11 0	as the shown named see	poration submits this statement for the purporation of directors. I hereby accept the app	of shanning its registered offi
1 Pursuant to	the provisions of Sections 617.0502	∠ and o i / . i 508, Florida Statute	ор, ино автоментанней согр	=	me I trans barracietarad agant I am
Or registers	ed agent, or both, in the State of Flori	ida. Şuch change was authorize	ed by the corporation's bo	pard of directors. I hereby accept the app	унитентах тедірістей адент тапт
or registere familiar with	ad agest, or both, in the State of Flori h, and accept the obligations of, Sect	ida. Such change was authorize tion 617.0503, Florida Statutes	ed by the corporation's bo	oration submits this statement for the pubard of directors. I hereby accept the app	опшнен аз гедізсена адоні. Ган
or registere familiar with	ed agers, or both, in the State of Flori h, and accept the obligations of, Sect	ction 617.0503, Florida Statutes	ed by the corporation's bo b. OTE Registered Agent signature requi	uired when reinstating)	DATE
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4/30/96