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Jan 28 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 # N93000001543 (8)

1. Corporation Name

MEMORIAL HEALTH PROPERTIES, INC.



Principal Place of Business

Mailing Address

875 STERTHAUS AVE.  
ORMOND BEACH FL 32174

875 STERTHAUS AVE  
ATTN KORAL-CHARLES-B  
ORMOND BEACH FL 32174-5131  
US

3. Date Incorporated or Qualified  
04/07/1993

3a. Date of Last Report  
07/08/1996

2. Principal Place of Business

2a. Mailing Address

21

26

875 Sterthaus Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

Attn Charles B Koral

City & State

City & State

23

28

Ormond Beach FL

Zip

Country

Zip

Country

24

25

29

32174

30

USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LIND, RICHARD A  
875 STERTHAUS AVE.  
ORMOND BEACH FL 32174

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	D	<input type="checkbox"/> DELETE
NAME	BURT, DAVID A	
STREET ADDRESS	140 S. ATLANTIC AVE.	
CITY-ST-ZIP	ORMOND BEACH FL 32174	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	RAINES, DAVID L	
STREET ADDRESS	875 STERTHAUS AVE	
CITY-ST-ZIP	ORMOND BEACH FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	LIND, RICHARD A	
STREET ADDRESS	875 STERTHAUS AVE	
CITY-ST-ZIP	ORMOND BEACH FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	CHRISTIANSON, CLARK P	
STREET ADDRESS	875 STERTHAUS AVE	
CITY-ST-ZIP	ORMOND BEACH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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: RALPH RICHARD A. LIND  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/20/97 904. 676. 6114

Date Daytime Phone 6003420

CR2E037 (9/96)