FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 16 AM 10:27

DOCUMENT # N94000000772 (3)

1. Corporation Name

MARINERS HOSPITAL, INC.

Principal Place of Business	Mailing Address
5900 JUNIOR COLLEGE RD KEY WEST FL 33040	5900 JUNIOR COLLEGE RD KEY WEST FL 33040

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/15/1994
3a. Date of Last Report:
4. FEI Number: 65 0488140 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business 21	2a. Mailing Address 26	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
City & State 23	City & State 28	7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐	$68.75 Supplemental Fee Not Required
Zip / Country 24 / 25	Zip / Country 29 / 30	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
COURTNEY, FRANK 5900 JUNIOR COLLEGE RD KEY WEST FL 33040	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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	11 TITLE		☐ Change ☐ Addition
NAME	COURTNEY, FRANK	12 NAME		
STREET ADDRESS	3706 N ROODEVELT BLVD	13 STREET ADDRESS		
CITY-ST-ZIP	KEY WEST FL 33040	14 CITY-ST-ZIP		
TITLE	DV	21 TITLE	D	☒ Change ☐ Addition
NAME	LOCKWOOD, RUBIN	22 NAME	Lockwood, Robin	
STREET ADDRESS	11 ALLAMANDA DR	23 STREET ADDRESS	11 Allamanda Drive	
CITY-ST-ZIP	KEY WEST FL 33040	24 CITY-ST-ZIP	Key West, FL 33040	
TITLE	DT	31 TITLE		☐ Change ☐ Addition
NAME	HERSHOFF, JAY	32 NAME		
STREET ADDRESS	190 PLANTATION AVE	33 STREET ADDRESS		
CITY-ST-ZIP	TAVERNIER FL 33070	34 CITY-ST-ZIP		
TITLE	DS	41 TITLE	DS	☐ Change ☒ Addition
NAME	TERZIEN, NELSON DR	42 NAME	Allard, Jeffrey	
STREET ADDRESS	99198 US HWY NO 1	43 STREET ADDRESS	50 High Point Road	
CITY-ST-ZIP	KEY LARGO FL 33070	44 CITY-ST-ZIP	Tavernier, FL 33070	
TITLE		51 TITLE	DT	☐ Change ☒ Addition
NAME		52 NAME	Carshman, Daniel	
STREET ADDRESS		53 STREET ADDRESS	Rt. 2 Box 574A	
CITY-ST-ZIP		54 CITY-ST-ZIP	Summerland Key, FL 33042	
TITLE		61 TITLE	DT	☐ Change ☒ Addition
NAME		62 NAME	Dean, Jerry	
STREET ADDRESS		63 STREET ADDRESS	3741 Flagler Avenue	
CITY-ST-ZIP		64 CITY-ST-ZIP	Key West, FL 33040	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: [signature] 6-8-95
SIGNATURE AND TYPED OR PRINTED NAME OF MAKING OFFICER OR DIRECTOR — Date — Daytime Phone #

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