


FILE NOW: FILING FEE IS \$61.25

FILED

Jan 31 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N96000002335 (5)**

1. Corporation Name

**HELEN ELLIS MEMORIAL HOSPITAL REAL ESTATE CORPOR
ATION**



Principal Place of Business

**HELEN ELLIS MEMORIAL HOSPITAL
1395 S. PINELLAS AVE.
TARPON SPRINGS FL 34689-3790**

Mailing Address

**HELEN ELLIS MEMORIAL HOSPITAL
1395 S. PINELLAS AVE.
TARPON SPRINGS FL 34689-3721**

3. Date Incorporated or Qualified
05/01/1996

3a. Date of Last Report

4. FEI Number

59-3375731

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for Intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**KENNEDY, JAMES J III
BUCHANAN INGERSOLL, P.C.
101 E. KENNEDY BLVD., STE. 1030
TAMPA FL 33602**

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

TITLE	P/D	<input type="checkbox"/> DELETE
NAME	Lester H. Garner	
STREET ADDRESS	504 Hillcrest Avenue	
CITY-ST-ZIP	Tarpon Springs, FL 34689	
TITLE	VP/D	<input type="checkbox"/> DELETE
NAME	Ronald A. Spenlau	
STREET ADDRESS	1420 Sunset Road	
CITY-ST-ZIP	Tarpon Springs, FL 34689	
TITLE	S/T/D	<input type="checkbox"/> DELETE
NAME	Joseph N. Kiefer	
STREET ADDRESS	1412 Sunset Road	
CITY-ST-ZIP	Tarpon Springs, FL 34689	
TITLE	D	<input type="checkbox"/> DELETE
NAME	William J. Clement	
STREET ADDRESS	1151 Lancer Lane West	
CITY-ST-ZIP	Tarpon Springs FL 34689	
TITLE	D	<input type="checkbox"/> DELETE
NAME	David J. O'Neil	
STREET ADDRESS	605 Timber Lane	
CITY-ST-ZIP	Tarpon Springs FL 34689	
TITLE	D	<input type="checkbox"/> DELETE
NAME	Scott McIntyre	
STREET ADDRESS	1421 Red Oak Drive	
CITY-ST-ZIP	Tarpon Springs FL 34689	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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: *Joseph N. Kiefer* **REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # **0066950**

CR2E037 (9/96)