

FILE NOW: FILING FEE IS \$61.25

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Mar 21 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 # **N96000004814 (7)**

1. Corporation Name

FLORIDA MEMORIAL HEALTH NETWORK, INC.



Principal Place of Business	Mailing Address
1061 MEDICAL CENTER DRIVE #313 ORANGE CITY FL 32763	1061 MEDICAL CENTER DRIVE #313 ORANGE CITY FL 32763-8227

3. Date Incorporated or Qualified 09/17/1996	3a. Date of Last Report
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2. Principal Place of Business	2a. Mailing Address	4. FEI Number 59-3403558	Applied For
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.		Not Applicable
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24. Country	29. Country	30. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301		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 _____ DATE _____
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent's signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PATEL, BHUPENDRA P M.D.	1.2 NAME	
STREET ADDRESS	925 N. STONE STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	DELAND FL 32720	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLANK, NEAL S D.O.	2.2 NAME	
STREET ADDRESS	932 SAXON BOULEVARD	2.3 STREET ADDRESS	
CITY-ST-ZIP	ORANGE CITY FL 32763	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRABLE, MICHAEL S M.D.	3.2 NAME	
STREET ADDRESS	685 PEACHWOOD DRIVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	DELAND FL 32724	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAZZETTI, ALBERT J M.D.	4.2 NAME	
STREET ADDRESS	907 N. STONE STREET	4.3 STREET ADDRESS	
CITY-ST-ZIP	DELAND FL 32720	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARNARD, GRANDY B III	5.2 NAME	
STREET ADDRESS	809 N. STONE STREET	5.3 STREET ADDRESS	
CITY-ST-ZIP	DELAND FL 32720	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRIFFIN, TAYLOR W JR	6.2 NAME	
STREET ADDRESS	740 W. PLYMOUTH AVENUE	6.3 STREET ADDRESS	
CITY-ST-ZIP	DELAND FL 32720	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 DATE: 3/20/97 (904) 676-6114
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone # 0014406

CR2E037 (9/96)