

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 12 1998 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1998FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N96000005743

1. Corporation Name
Save Our Hospital, Inc.Principal Place of Business Mailing Address
777 South Flagler Drive 777 South Flagler Drive
Suite 1100 - East Tower Suite 1100 East Tower
West Palm Beach, FL 33401 West Palm Beach, FL3. Date Incorporated or Qualified
11/08/964. FEI Number
65-0741406Applied For
Not Applicable

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be
Added to Fees7. Is this nonprofit corporation a homeowners association?
☐ Yes ☒ No8. This corporation owes or has paid the current year intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Richman, Gerald F.
777 South Flagler Drive
Suite 1100 - East Tower
West Palm Beach, FL 33401-6161

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 ~~D~~ ☒ DELETE
NAME Blum Peter
STREET ADDRESS 1809 South Ocean Blvd.
CITY-ST-ZIP Manalapan, FL 33462TITLE P/D ☐ DELETE
NAME John Weir
STREET ADDRESS 401 E. Linton Blvd
CITY-ST-ZIP Delray Beach, FL 33483TITLE T/D ☐ DELETE
NAME Henry Stanfield
STREET ADDRESS 500 SW 6th Avenue
CITY-ST-ZIP Boca Raton, FL 33486TITLE S/D ☐ DELETE
NAME Michael Irvin
STREET ADDRESS 648 SW 2d Street
CITY-ST-ZIP Boca Raton, FL 33486TITLE ~~D~~ ☒ DELETE
NAME Babic, Stephen
STREET ADDRESS 7155 Queen Ferry Circle
CITY-ST-ZIP Boca Raton, FL 33486TITLE D ☐ DELETE
NAME Barry David
STREET ADDRESS 591 Golden Harbor Drive
CITY-ST-ZIP Boca Raton, FL 33486

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ~~D~~ ☐ Change ☐ Addition
1.2 NAME Stanley Sacks
1.3 STREET ADDRESS 4881 5th Lane
1.4 CITY-ST-ZIP Boca Raton, FL 33432 ☒ Delete2.1 TITLE D ☐ Change ☐ Addition
2.2 NAME Gloria Drummond
2.3 STREET ADDRESS 421 East Royal Palm Road
2.4 CITY-ST-ZIP Boca Raton, FL 334323.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP14. I 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 authorized officer 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 in an authorized officer's address.

SIGNATURE: Henry L. Stanfield

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

February 7, 1998 (561)395 0768

Date

Daytime Phone #

CR2E037 (10/97)