

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS**DOCUMENT # N96000006132**

1. Corporation Name

**HEALTHCARE PARTNERS OF MEMORIAL, INC.**

Principal Place of Business

875 STERTHAUS AVENUE  
ORMOND BEACH FL 32174

Mailing Address

875 STERTHAUS AVENUE  
ORMOND BEACH FL 32174**FILED**  
**Mar 01, 1999 8:00 am**  
**Secretary of State**

03-01-1999 90172 005 \*\*\*\*61.25

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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	770 W. Granada Blvd	26	770 W. Granada Blvd	11/26/1996	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22	Suite 301	27	Suite 301	59-3415959	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23	Ormond Beach FL	28	Ormond Beach FL	6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
24	Zip 32174	29	Zip 32174	Trust Fund Contribution <input type="checkbox"/>	
25	Country USA	30	Country USA		

9. Name and Address of Current Registered Agent

KOVAL, CHARLES B  
875 STERTHAUS AVENUE  
ORMOND BEACH FL 32174

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	Suite 301
84	City
85	Zip Code
Ormond Beach	FL 32174

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	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LIND, RICHARD A	1.2 NAME	
STREET ADDRESS	875 STERTHAUS AVENUE	1.3 STREET ADDRESS	770 W. Granada Blvd, Suite 301
CITY-ST-ZIP	ORMOND BEACH FL 32174	1.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAINES, DAVID L	2.2 NAME	
STREET ADDRESS	875 STERTHAUS AVENUE	2.3 STREET ADDRESS	770 W. Granada Blvd, Suite 301
CITY-ST-ZIP	ORMOND BEACH FL 32174	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DIETRICH, PATRICIA A	3.2 NAME	
STREET ADDRESS	875 STERTHAUS AVENUE	3.3 STREET ADDRESS	770 W. Granada Blvd, Suite 301
CITY-ST-ZIP	ORMOND BEACH FL 32174	3.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VODENICKER, JOHNETTE	4.2 NAME	
STREET ADDRESS	875 STERTHAUS AVENUE	4.3 STREET ADDRESS	770 W. Granada Blvd, Suite 301
CITY-ST-ZIP	ORMOND BEACH FL 32174	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHRISTIANSON, CLARK P	5.2 NAME	
STREET ADDRESS	875 STERTHAUS AVENUE	5.3 STREET ADDRESS	
CITY-ST-ZIP	ORMOND BEACH FL 32174	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED  
RICHARD A. LIND

Date

Daytime Phone #

CR2E037 (11/98)