


FILE NOW: FILING FEE IS \$61.25

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May 08 1997 8:00am
Secretary of State

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| NONPROFIT CORPORATION ANNUAL REPORT 1997 | |  FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS | |
| DOCUMENT # N96000006614 1. Corporation Name HFA VENTURES, INC. | | | |
| Principal Place of Business 5325 Greenwood Rd. Suite 305 West Palm Beach, FL 33407 | | Mailing Address 5325 Greenwood Rd. Suite 305 West Palm Beach, FL 33407 | |
| 2. Principal Place of Business 21 1301 53rd STREET, | | 2a. Mailing Address 26 c/o Intracoastal Health Systems | |
| Suite, Apt. #, etc. 22 UNIT #1 | | Suite, Apt. #, etc. 27 P.O. Box 3166 | |
| City & State 23 WEST PALM BEACH, FL | | City & State 28 WEST PALM BEACH, FL | |
| Zip 24 33407 | | Zip 29 33402-3166 | |
| Country 25 USA | | Country 30 USA | |
| 9. Name and Address of Current Registered Agent Timothy E. Monaghan 54 NE Fourth Avenue Delray Beach, FL 33483 | | 10. Name and Address of New Registered Agent 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 _____ <small>Signature: typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | |
| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP | | 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP | |
| President/Trustee Robert B. Taylor, Jr. c/o Bethesda Health Systems, Inc. 2815 South Seacrest Blvd. Boynton Beach, FL 33434 | | 000002184470 -05/20/97--01009--028 ***61.25 | |
| Treasurer/Trustee Caroline Wesenberg c/o Intracoastal Health Systems, Inc. 901 45th Street West Palm Beach, FL 33407 | | CS 5/8/97 | |
| Secretary/Trustee Ivins Steinhauer c/o Martin Memorial Health Systems 300 Hospital Ave Stuart, FL 34994 | | | |
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| 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: Robert B. Taylor, Jr. President | | | |
| Date 3/20/97 | | Daytime Phone # 561/737-7733 | |

CR2E037 (9/96)