FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STA

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P00430

(9)

SPRINGHILL INTERNATIONAL MEDICAL CORPORATION

THE THE THE PROPERTY OF THE PR															
Principal Place of Business					Mailing Address]	ant ander namen birde Ansi	E1811 E1811			
3632 DAUPHIN	I ST			3632 DAUPHIN ST											
SUITE 101B MOBILE AL 36608				SUITE 101B MOBILE AL 36808-1246											
US				WODILE AL 30000-1240 US						3. Date incorpor	rated or Qualified	30 D	ate of Last	Report	
										12/29/1983		1	01/1996	•	
2. Principal Place of Business					2a. Mailing Address					4. FEI Number		1 001		Applied For	
21				26						63-08857	63		├	Not Applicable	
Sulte, Apt.	#, etc.				Suite, Apt. #, etc.					5. Certificate of 5				Additional	
22				27						3. Certificate of t	Status Desirect		Fee f	Required	
City & State	θ			ļ,	City & State					6. Election Camp	paign Financing	_	\$5.0	May Be	
23 Zip		0		28						Trust Fund Co	ontribution		Added	d to Fees	
		Coun	шу		Zip	n	untry			1 '	on has hability for i			s 199.032,	
24		25 and Add	ress of Curren	29 Regist	ered Agent	30				Florida Statuto 10. Name and Ac		Yes [
BOLANDS, JOSE A.				· · · · · · ·			81	Nan	 ne	IV. Name and Ac	JUIESS OF NEW ME	gistered	Ageill		
2121 PONCE DE LEON BLVD.										71.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.					
SUITE 1035								Stre	et Addre	ss (P.O. Box Numbi	er is Not Acceptab	ole)			
	PAL GABLE	S FI 33	134				83								
001	VIL CHIDEL	01500	104												
							84	City				FI	85 Zit	Code	
11. Pursuant i	lo the provisi	ons of Se	ctions 607.0503	and 60	07.1508, Florida Statu la, Such change was	ites, the	4DOV6	∍ņam	ed corpo	ration submits this s	statement for the p	urpose of	changing	its registered	
office or r	egistered ag mifamiliar wil	ent, or bo th, and ac	ith, in the State occpt the obliga	of Elloric tions of	la. Such change was . Section 607.0505, F	rauthoriz Torida St	ed by states	rithe c s.	orporatio	in's board of directo	ors. Thereby accep	ot the app	ointment a	s registered	
SIGNATURE															
	Signature, typed		min of registered ages					na signa	ture required	Lwhen reinstating)		DATE			
12.	PD		OFFICERS AND	DIREC	····	13			 -	ADDITIONS/CH	IANGES TO OFFIC	ERS AND			
TITLE	SUCHER,	DANIDV			L_ OELETE		II'lF						☐ Change	Addition	
NAME Street address			T STE 101B				NAME		_						
CITY-ST-ZIP	MOBILE /			,				ADDRES	8						
TITLE	VPS	12 0000			DELETE	21	OTY-S	1 711			-		Change	Addition	
NAME	CRAWFO	RD. REB	BECCA A		23		VAM:						Griange	. Zonion	
STREET ADDRESS			T STE 101B					ADDRES	.c						
CITY-ST-ZIP	MOBILE /						011y - S								
TITLE					DELFTE	31		·		·····		 -	Change	Addition	
NAME						321	AME						,	= ' '	
STREET ADDRESS						3.3	STREEF	ADDRES	is						
CITY-ST-ZIP						3 4.	CRY-S	1-712							
TITLE					☐ OLLETE	4.1	TELF						Change	☐ Addition	
NAME						4.2	NAML								
STREET ADDRESS						4.3	STREET.	ADDRES	s						
CITY-ST-ZIP	T		 .			44	HY-5	T ZIP							
TITLE					DEFETE	5.11	II.F						Change	Addition	
NAME						521	IAME								
STREET ADDRESS								ADDRES	.5						
CITY-ST-ZIP					D BOLETE		HY-S	1 - 7:F					110		
TITLE					☐ DELETE	6.1							☐ Change	Addition	
NAME OTRECT ADDRESS						9	IAME							ĺ	
STREET ADDRESS								ADDRES	\$						
CITY-ST-ZIP						6.40	HY-S	1-7IP	1						

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), Fiorida Statutes, I further certify that the information indicated on this annual report or suppliemental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

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FILED

Apr 29 1997 8:00am

Secretary of State