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Mar 03, 1999 8:00 am
Secretary of State

03-03-1999 90023 037 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P07320

1. Corporation Name

PARACELUS SANTA ROSA MEDICAL CENTER, INC.

Principal Place of Business

**515 W. GREENS ROAD
SUITE 800
HOUSTON TX 77067**

Mailing Address

**515 W. GREENS ROAD
SUITE 800
HOUSTON TX 77067**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/05/1985

4. FEI Number

68-0045270

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

28 City & State

24 Zip **25** Country

29 Zip **30** Country

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

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 607.0502 and 607.1508, 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 607.0505, 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

DVS

☐ DELETE

NAME

VAN DEVENDER, JAMES G

STREET ADDRESS

515 W. GREENS ROAD., SUITE 800

CITY-ST-ZIP

HOUSTON TX

TITLE

P

☒ DELETE

NAME

THAMES, BARBARA

STREET ADDRESS

515 W. GREENS ROAD., SUITE 800

CITY-ST-ZIP

HOUSTON TX

TITLE

V

☐ DELETE

NAME

PATTERSON, RONALD R

STREET ADDRESS

515 W. GREENS ROAD., SUITE 800

CITY-ST-ZIP

HOUSTON TX

TITLE

VAS

☐ DELETE

NAME

HUMPHREY, LARRY

STREET ADDRESS

515 W GREENS RD #800

CITY-ST-ZIP

HOUSTON TX

TITLE

VAS

☒ DELETE

NAME

URIBIE, FRANK A

STREET ADDRESS

515 W. GREENS ROAD., SUITE 800

CITY-ST-ZIP

HOUSTON TX

TITLE

VAS

☐ DELETE

NAME

VAS

STREET ADDRESS

VAS

CITY-ST-ZIP

VAS

1.1 TITLE

****P**

1.2 NAME

Murray P. Gandy, Jr.

1.3 STREET ADDRESS

515 W. Greens Road

1.4 CITY-ST-ZIP

Houston TX

2.1 TITLE

VAS

2.2 NAME

Suzanne S. Miskin

2.3 STREET ADDRESS

515 W. Greens Road, Suite 800

2.4 CITY-ST-ZIP

Houston TX

3.1 TITLE

VTAS

3.2 NAME

Deborah H. Frankovich

3.3 STREET ADDRESS

515 W. Greens Road, Suite 800

3.4 CITY-ST-ZIP

Houston TX

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

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 607, 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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-19-99

Date

281-774-5100

Daytime Phone #

CR2E034 (11/98)