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

PROFIT CORPORATION **ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name
HEALTHCOLITH ME

(7)

FILED

May 13 1998 8:00am

Secretary of State

HEALIF	1500TH MEDICAL CENTER,	INC.									
Principal Place	of Business	Mailing	Address							i viv ji 1641	
1201 11TH AV		P O BOX 380546									
BIRMINGHAM AL 35205 BIRMINGHAM FL											
US US							DO NOT WRITE IN	THIS SPACE			
							 Date Incorporated or Qualified 06/26/1986 				
2. Principal Pi	ace of Business	2a, Mailing Address								plied For	
21		26					63-0872396		No	t Applicable	
Suite, Apt	#, etc.	Suite, Apt. #, etc.					5. Certificate of Status Desired			Additional	
22		City & State								quired	
City & State	1	DIDATMONAL AT					8. Election Campaign Financing			May Be	
Zip	Country	Zip Country			ntrv		Trust Fund Contribution			o Fees	
24 25		29	¬				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.				
	9. Name and Address of Current		Agent	130		· 	10. Name and Address of New Regist				
CT	CORPORATION SYSTEM	. 			81	Name					
1200 S. PINE ISLAND ROAD				-	82	Otron A Add	(D.O. Doublinshow in blob Accounts blob)				
	INTATION FL 33324				62	Street Addr	Address (P.O. Box Number is Not Acceptable)				
				ŀ	83						
				}	-			11	*** · · · · ·		
				i	84	City		FL 85	Zip C	ode	
11. Pursuant t office or re agent. I ar	o the provisions of Sections 607.0502 agistered agent, or both, in the State of familiar with, and accept the obligations.	and 607.15 Florida. So ons of, Sec	08. Florida Statut ich change was a tion 607.0505, Flo	es, the ab authorized orida Stati	ove l by ules	e-named corp the corporat s.	poration submits this statement for the purp tion's board of directors. I hereby accept the	ose of change e appointme	jing its int as i	s registered registered	
SIGNATURE .	Signature, typed or pheted hallor of registered agent.		-ski. (NOT	. p	A 0.00		red when reinstating)	DATE			
12,	OFFICERS AND			13.	Alles	rii signature requir	ADDITIONS/CHANGES TO OFFICER		CTOR	S IN 12	
TITLE	CD		DELETE		tΕ		ABBITIONS/OFFICERS	☐ CH		Addition	
NAME	SCRUSHY, RICHARD M			1.2 NA	ME					_	
STREET ADDRESS	ONE HEALTHSOUTH PARKWAY	·		1.3 ST	1.3 STREET ADDRESS						
CITY-ST-ZIP	BIRMINGHAM AL			1.4 CIT							
TITLE	VSD		DELETE	2.1 111				Ch	ange	Addition	
NAME	TANNER, ANTHONY J.			22 NA	ME						
STREET ADDRESS	ONE HEALTHSOUTH PARKWAY	1		2.3 \$11	REET	ADDRESS					
CITY-ST-ZIP	BIRMINGHAM AL			2.4 CI	IY-S	6T - ZIP					
TITLE	VID		DELETE	3.1 TIT	LΕ	V		Ct	ange	X Addition	
NAME	BEAM, AARON, JR.			3.2 NA	ME	P	. DARYL BROWN				
STREET ADDRESS	ONE HEALTHSOUTH PARKWAY	1		3.3 STF	REET.	ADDRESS 0	NE HEALTHSOUTH PARKWAY				
CITY-ST-ZIP	BIRMINGHAM AL			3.4. CI	TY-S	T-ZIP B	IRMINGHAM, AL 35243				
TITLE	P		DELETE	4.1 TIT	LE		/D	K CH	ange	Addition	
NAME)	BENNETT, JAMES P.			4 2 NA	ME					J	
STREET ADDRESS	ONE HEALTHSOUTH PARKWAY	1		4 3 ST	HEET :	ADDRESS					
CITY-ST-ZIP	BIRMINGHAM AL			4.4 CIT	Y-\$1	1 - ZIP					
TITLE	V		DELETE	5.1 TIT	LE	v	/T	X Ch	ange	Addition	
NAME	MARTIN, MICHAEL D.			5.2 NA	ME						
STREET ADDRESS	ONE HEALTHSOUTH PARKWAY	f		5.3 STF	REET.	ADDRESS					
CITY-ST-ZIP	BIRMINGHAM AL		·	5.4 CIT	Y-\$1	T-ZIP					
TITLE	V BOTTO BIOLIADO S		DELETE	6.1 TIT	LE				angé	Addition	
NAME	BOTTS, RICHARD E.			6.2 NA	ME						
STREET ADDRESS	ONE HEALTHSOUTH PARKWAY	ſ		6.3 ST	REET	ADDRESS					
CITY-\$T-ZIP	BIRMINGHAM AL			6.4 CiT							
14. I hereby c indicated officer or c	erury that the information supplied with on this annual report or supplemental a director of the outporation or the receiv	this filing o annual repo er or truste	does not qualify for ort is true and acc regulation	or the exe urate and execule th	mpt I tha nis r	tion stated in at my signatu report as requ	Section 119.07(3)(i), Florida Statutes. I furti ire shall have the same legal effect as if ma uired by Chapter 607, Florida Statutes; and	ner certify th de under oa that my nan	at the th; tha ne app	Intormation It I am an Dears in	