FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAR 22 AM 9:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000012234 (9)**

1. Corporation Name

SANTA BARBARA FAMILY MEDICAL CENTER, INC.

Principal Place of Business	Mailing Address
106 HANCOCK BRDG. PKWY. W. SUITE A-2 CAPE CORAL FL 33991 US	106 HANCOCK BRDG. PKWY. N. SUITE A-2 CAPE CORAL FL 33991 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 02/12/1993
3a. Date of Last Report: 04/19/1994

2. Principal Place of Business
21:
Suite, Apt. #, etc.
22:
City & State
23:
Zip 24 / Country 25:

2a. Mailing Address
26: 106 Hancock Bridg Pkwy (W.)
Suite, Apt. #, etc.
27: Same
City & State
28: Same
Zip 29: Same / Country 30: Same

4. FEI Number: 65-0391475 ☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

BREEN, MARLENE R
5103 S.W. 2ND PLACE
CAPE CORAL FL 33914

10. Name and Address of New Registered Agent

81 Name: Barry M. Spiegel
82 Street Address (P.O. Box Number is Not Acceptable): 511 SW 11th Place
83:
84 City: CAPE CORAL FL 85 Zip Code: 33991

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: President BARRY M. SPIEGEL DATE: JAN 1/1/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	P ☒ Change ☐ Addition
NAME	BREEN, MARLENE R	1.2 NAME	Spiegel Barry M
STREET ADDRESS	5103 S.W. 2ND PLACE	1.3 STREET ADDRESS	511 SW 11th Pl
CITY-ST-ZIP	CAPE CORAL FL	1.4 CITY-ST-ZIP	Cape Coral FL 33991
TITLE	ST	2.1 TITLE	ST ☒ Change ☐ Addition
NAME	SPIEGEL, BARRY M	2.2 NAME	Gould Sarah
STREET ADDRESS	511 S.W. 11TH PLACE	2.3 STREET ADDRESS	5103 SW 2nd Pl
CITY-ST-ZIP	CAPE CORAL FL	2.4 CITY-ST-ZIP	CAPE CORAL FL 33914
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I/We hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: President BARRY M Spiegel 1/1/95 813 574 0002
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0483030 FP