

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

FILED

Feb 10 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # P93000012234 (9)

1. Corporation Name

SANTA BARBARA FAMILY MEDICAL CENTER, INC.

Principal Place of Business

106 HANCOCK BRDG. PKWY. W.  
SUITE A-2  
CAPE CORAL FL 33991  
US

Mailing Address

106 HANCOCK BLDG PKWY W  
SUITE A-2  
CAPE CORAL FL 33991  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/12/1993

4. FEI Number

65-0391475

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

21 5 Nicholas Pkwy W

Suite, Apt. #, etc.

City & State

23 Cape Coral Fl.

Zip

24 33991

Country

25 USA

2a. Mailing Address

26 5 Nicholas Pkwy W

Suite, Apt. #, etc.

City & State

28 Cape Coral Fl.

Zip

29 33991

Country

30 USA

9. Name and Address of Current Registered Agent

SPIEGEL, BARRY M  
511 SW 11TH PLACE  
CAPECORAL FL 33991

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

TITLE ☐ DELETE

P  
NAME SPIEGEL, BARRY M  
STREET ADDRESS 511 SW 11TH PL  
CITY-ST-ZIP CAPE CORAL FL

TITLE ☐ DELETE

ST  
NAME GOULD, SARAH  
STREET ADDRESS 5103 SW 2ND PL  
CITY-ST-ZIP CAPE CORAL FL

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

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.

SIGNATURE:

*[Signature]* President 2/16/98 941-574-0002

CR2E034 (10/97)