

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 993000042391 (1)

1. Corporation Name
SEBASTIAN HOSPITAL, INC.

Principal Place of Business
5811 Pelican Bay Blvd.
Suite 500
Naples, FL 34108
US

Mailing Address
5811 Pelican Bay Blvd.
Suite 500
Naples, FL 34108
US

3. Date Incorporated or Qualified 6/15/1993	3a. Date of Last Report 3/28/96
4. FEI Number 65-0425888	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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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	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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

PETER F. SOUZA
ASSISTANT SECRETARY

5/13/97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CPD <input type="checkbox"/> DELETE	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Schoen, William J.	12 NAME	
STREET ADDRESS	5811 Pelican Bay Blvd., Suite 500	13 STREET ADDRESS	
CITY-ST-ZIP	Naples, FL 34108	14 CITY-ST-ZIP	
TITLE	DSV <input type="checkbox"/> DELETE	21 TITLE	
NAME	Smith, Robb L.	22 NAME	
STREET ADDRESS	5811 Pelican Bay Blvd., Suite 500	23 STREET ADDRESS	
CITY-ST-ZIP	Naples, FL 34108	24 CITY-ST-ZIP	
TITLE	VTD <input type="checkbox"/> DELETE	31 TITLE	
NAME	Ray, Stephen M.	32 NAME	
STREET ADDRESS	5811 Pelican Bay Blvd., Suite 500	33 STREET ADDRESS	
CITY-ST-ZIP	Naples, FL 34108	34 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	41 TITLE	
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	51 TITLE	
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	61 TITLE	
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

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), 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:

Robb L. Smith
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robb L. Smith

4/2/97

(941) 598-3051

Date Daytime Phone #

CR2E034 (9/96)