

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P93000076647 (5)**

1. Corporation Name

ST. THOMAS CHMC, INC.



Principal Place of Business

**717 PONCE DE LEON BLVD.
SUITE 317
CORAL GABLES FL 33134**

Mailing Address

**717 PONCE DE LEON BLVD.
SUITE 317
CORAL GABLES FL 33134**

3. Date Incorporated or Qualified
11/01/1993

3a. Date of Last Report
05/30/1995

4. FEI Number
65-0455864

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

2. Principal Place of Business

21 **717 Ponce de Leon Blvd**
Suite, Apt. #, etc.

22 **Suite 304**
City & State

23 **Coral Gables, FL**
Zip Country

24 **33134**

2a. Mailing Address

26 **717 Ponce de Leon Blvd**
Suite, Apt. #, etc.

27 **Suite 304**
City & State

28 **Coral Gables, FL**
Zip Country

29 **33134**

30

9. Name and Address of Current Registered Agent

**GOSS, PHILIP E
717 PONCE DE LEON BLVD.
SUITE 317
CORAL GABLES FL 33134**

81 Name
De Feria, Janelia

82 Street Address (P.O. Box Number is Not Acceptable)
717 Ponce de Leon Blvd

83 **Suite 237**
City

Coral Gables, FL 85 Zip Code **33134**

10. Name and Address of New Registered Agent

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 or director)

Signature typed or printed (Name of new registered agent)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	GOSS, PHILIP E JR	
STREET ADDRESS	175 E NASA BLVD SUITE 300	
CITY-ST-ZIP	MELBOURNE FL 32901	
TITLE	D/P	<input checked="" type="checkbox"/> DELETE
NAME	FRANKLIN D MITTS	
STREET ADDRESS	717 PONCE DE LEON BLVD 317	
CITY-ST-ZIP	CORAL SPRINGS FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Mitts, Estill D.	
1.3 STREET ADDRESS	717 Ponce de Leon Blvd #237	
1.4 CITY-ST-ZIP	Coral Gables, FL 33134	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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*****225.00**

14. I do 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)(k), 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:

E. D. Mitts

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-27-96

DATE

ED Mitts
7/17/96

CR2E034 (12/95)