SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/ χ 96: \$225 (If DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATÉ Sandra B Mortham Secretary of State DIVISION OF CORPORATIONS

1996

DOCUN 1. Corporation SAINT F		# P9400 HEALTH SYSTE	0 <mark>0027624 (</mark> 3 ms, inc.	3)			Earl S		
Principal Place	of Business	S	Mailing Address					.,	***************************************
2343 AARON STREET PORT CHARLOTTE FL 33952			2343 AARON STREET PORT CHARLOTTE FI						
						3. Date Incorporated or Qua 04/11/1994	lifred 3	a. Date of t10/02/1	
2. Principal Place of Business			2a. Mailing Address	 1			10-00	222	Applied For
Suite Apt #, etc			Suite, Apt #, etc.		APPLIED FOR	05-15		Not Applicable 75 Additional	
Suite, Apr. #, etc.			27		5. Certificate of Status Desir	ed		ee Required	
City & State			City & State		6. Election Campaign Finance	cing [5.00 May Be	
Z ID		Country	28 Zip	Coun	itrv	Trust Fund Contribution 8. This corporation has liabi	du for intor		dded to Fees
24		25	29	30	, ,	Florida Statutes		es No	Oer 5 199 032,
	9. Name	and Address of Curr	ent Registered Agent			10. Name and Address of N	ew Regist	ered Agent	
HACKETT, JACK O II 115 WEST OLYMPIA AVENUE				•	81 Name				
				1	82 Street Add	Address (P.O. Box Number is Not Acceptable)			
PUI	nta Gord)A FL 33950			83				
•				-	24			lac.	7. 6.1.
				84 City				FL 85	Zip Code
11. Pursuant t office or re agent. Lar	egistered ag mitamiliar w	jent, or both, in the SIa ith, and accept the obl	te of Florida Such change wa igations of, Section 607.0505,	as authorized I	by the corporat	tion's board of directors. I hereby	accept the	appointmen	it as registered
office or re agent. I ar SIGNATURE	nî familiar w	ith, and accept the obli	te of Florida. Such change wa igations of, Section 607.0505,	as authorized l , Florida Statul	by the corporaties.	tion's board of directors. I hereby lifed when revisibling). ADDITIONS/CHANGES TO)Aft	
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SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR OR ORECTOR

Daytri e Phone #