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Feb 03 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P94000033532 (0)

1. Corporation Name  
WHEELER COUNTY HOSPITAL, INC.



Principal Place of Business

3RD AVE & 3RD ST  
GLENWOOD GA 30428  
US

Mailing Address

3696 ULMERTON ROAD  
CLEARWATER FL 34622-4271

3. Date Incorporated or Qualified  
05/04/1994

3a. Date of Last Report  
04/29/1996

2. Principal Place of Business

21 Suite, Apt. #, etc

22 City & State

23 Zip Country

24 g. Name and Address of Current Registered Agent

HEEKIN, JAMES F JR.  
215 N. EOLA DRIVE  
ORLANDO FL 32802

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 10. Name and Address of New Registered Agent

81 Name  
Ransom Stigleman, III  
82 Street Address (P.O. Box Number is Not Acceptable)  
3696 Ulmerton Road  
83  
84 City  
Clearwater FL  
85 Zip Code  
34622

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: *Ransom Stigleman*  
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE: 01/28/97

12. OFFICERS AND DIRECTORS

TITLE	D	DELETE
NAME	NOBLE, STEPHEN H	
STREET ADDRESS	3696 ULMERTON ROAD	
CITY-ST-ZIP	CLEARWATER FL 34622	
TITLE	D	DELETE
NAME	STIGLEMAN, RANSOM III	
STREET ADDRESS	3696 ULMERTON ROAD	
CITY-ST-ZIP	CLEARWATER FL 34622	
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 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: *Ransom Stigleman*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 01/28/97 Daytime Phone #

CR2E034 (9/96)