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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9400033532 (0)

WHEELER COUNTY HOSPITAL, INC.

WILEELI OOONT NOOTHE, INO.					
Principal Place of Business	Mailing Address			HANAR INDA MARI ANAR INIO MAKAMAT	
3RD AVE & 3RD ST GLENWOOD GA 30428 US	3696 ULMERTON ROAD CLEARWATER FL 34822-4271	1			
			3. Date Incorporated or Qualified 05/04/1994	3a. Date of Last Report 04/29/1996	
2. Principal Place of Business	2a, Mailing Address		4. FEI Number	Applied For	
21	26		59-3242001	Not Applicable	
Suite, Apt. #, etc.	Suite, Apt. #, etc.		6, Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State	City & State		6. Election Campaign Financing	\$5.00 May Be	
23	28		Trust Fund Contribution	Added to Fees	
Zip Country	Zip	Country	8. This corporation has liability for in	ntangible tax under s. 199.032,	
24 25		30		Yes No	
g. Name and Address of Current I	Registered Agent		10. Name and Address of New Reg	Istered Agent	
HEEKIN, JAMES F JR. 81 Name Stigleman, III				<u>III</u>	
215 N. EOLA DRIVE			reet Address (P.O. Box Number is Not Acceptable)		
ORLANDO FL 32802		83 369	6 Ulmerton K	saac	
		84 City		FL 85 Zip Code	
11. Pursuant to the provisions of Sections 607.05024	and 607,1508, Florida Statutes	s, the above-named corp	oration submits this statement for the pu		
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 any lamily with and accept the build them of Section 607.0505, Florida Statutes.					
	ons or, section our edus, Flor	ina statutes.	01/7	367	
SIGNATURE Significate, typical or printed name of registered isgent or	and title if applicable (NOTE:	Registered Agent signature require	ed when reinstating)	DATE	
12. OFFICERS AND	DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICE	ERS AND DIRECTORS IN 12	
TITLE D	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition	
NAME NOBLE, STPEHEN H		1.2 NAME			
STREET ADDRESS 3696 ULMERTON ROAD		1.3 STREET ADDRESS			
CITY-ST-ZIP CLEARWATER FL 34622		1.0 Officer Hophicoo			
		1.4 CITY-ST-ZIP			
TITLE D	☐ DELETE	1.4 CITY-ST-ZIP 2.1 TITLE		Change Addition	
TITLE D NAME STIGLEMAN, RANSOM III	☐ DELETE	1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME		Change Addition	
TITLE D NAME STIGLEMAN, RANSOM III STREET ADDRESS STORET ADDRESS	☐ DELETE	1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET AODRESS	·	Change Addition	
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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 efficiency to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 12 if changed, or on an attachaged with an address.

SIGNATURE:

GNATURE AND TYPED OR PRINTED NAME OF AIGNING OFFICER OR DIRECTOR

Daytime Phone #

FILED

Feb 03 1997 8:00am

Secretary of State