## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P94000033532

Entity Name: WHEELER COUNTY HOSPITAL, INC.

FILED Jan 30, 2004 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
--------------------------------------	----------------------------------

3RD AVE & 3RD ST

GLENWOOD, GA 30428 US

Current Mailing Address: New Mailing Address:

3696 ULMERTON ROAD 14010 ROOSEVELT BLVD CLEARWATER, FL 34622 #709

CLEARWATER, FL 33762 US

FEI Number: 59-3242001 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

STIGLEMAN, RANSOM III
3696 ULMERTON ROAD
CLEARWATER, FL 34622 US
STIGLEMAN, RANSOM III
14010 ROOSEVELT BLVD
#709

CLEARWATER, FL 34622 US #709
CLEARWATER, FL 33762 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: 01/30/2004

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Name:
 NOBLE, STPEHEN H
 Name:
 NOBLE, STPEHEN H

 Address:
 3696 ULMERTON ROAD
 Address:
 14010 ROOSEVELT BLVD #709

City-St-Zip: CLEARWATER, FL 34622 City-St-Zip: CLEARWATER, FL 33762 US

( ) Delete Title: Title: (X) Change ( ) Addition Name: STIGLEMAN, RANSOM III Name: STIGLEMAN, RANSOM III 3696 ULMERTON ROAD Address: 14010 ROOSEVELT BLVD #709 Address: CLEARWATER, FL 34622 CLEARWATER, FL 33762 US City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: STEPHEN H NOBLE D 01/30/2004