

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

FILED

Feb 17 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 # P94000041816 (7)

1. Corporation Name  
LAKE COUNTRY MEDICAL CENTER, INC.

Principal Place of Business

225 U.S. 27 SOUTH  
LAKE PLACID FL 33852

Mailing Address

225 U.S. 27 SOUTH  
LAKE PLACID FL 33852-7820



2. Principal Place of Business

21 Suite, Apt. #, etc

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

3. Date Incorporated or Qualified

06/03/1994

3a. Date of Last Report

03/18/1996

4. FEI Number

59-3246844

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GOSSMAN, MARY J

509 ASCOT COURT

SEBRING FL 33870

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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 and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME GOSSMAN, MARY J

STREET ADDRESS 509 ASCOT COURT

CITY-ST-ZIP SEBRING FL 33870

20. Box 2949 Lake Placid, FL 33852

Physical: 8624 Country Road 17 South

address: Sebring, FL 33870

TITLE D ☐ DELETE

NAME GOSSMAN, GARY S

STREET ADDRESS 509 ASCOT COURT

CITY-ST-ZIP SEBRING FL 33870

20. Box 2949 Lake Placid, FL 33852

TITLE D ☐ DELETE

NAME GILL, ELIZABETH B

STREET ADDRESS 18 PALDAO ACRES 128

CITY-ST-ZIP WAUCHULA FL 33873

TITLE D ☐ DELETE

NAME GILL, WILLIAM J

STREET ADDRESS 18 PALDAO ACRES 128

CITY-ST-ZIP WAUCHULA FL 33873

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 GOSSMAN, MARY J

1.3 STREET ADDRESS 8624 CR 17 SOUTH

1.4 CITY-ST-ZIP SEBRING, FL 33870

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME GOSSMAN, GARY S.

2.3 STREET ADDRESS 8624 CR 17 SOUTH

2.4 CITY-ST-ZIP SEBRING, FL 33870

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:

Mary J. Gossman

1-30-97

941-733-699-9997

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)