

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

FILED  
May 12 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # P95000002460 (0)

1. Corporation Name

DESTIN COMMUNITY HOSPITAL, INC.

Principal Place of Business

Mailing Address

111 2ND AVENUE N.E., SUITE 1201  
ST. PETERSBURG FL 33701

111 2ND AVENUE N.E., SUITE 1201  
ST. PETERSBURG FL 33701

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/10/1995

4. FEI Number

59-3293436

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 owes or has paid the current year intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 111 2ND AVE NE

Suite, Apt. #, etc.

22 Suite 1500

City & State

23 St. Petersburg, FL

Zip

24 33701

Country

25 Pinellas

2a. Mailing Address

26 111 2ND AVE NE

Suite, Apt. #, etc.

27 Suite 1500

City & State

28 St. Petersburg, FL

Zip

29 33701

Country

30 Pinellas

9. Name and Address of Current Registered Agent

TUSHINSKI, WILLIAM  
111 2ND AVE NE  
STE 1201  
ST. PETERSBURG FL 33701

10. Name and Address of New Registered Agent

81 Name SCOTT L. HOPES  
82 Street Address (P.O. Box Number is Not Acceptable)  
111 2ND AVE NE  
83 Suite 1500  
84 City St. Petersburg FL 85 Zip Code 33701

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 provisions of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE CP  
NAME HOPES, SCOTT L  
STREET ADDRESS 111 2ND AVENUE N.E., SUITE 1201  
CITY-ST-ZIP ST. PETERSBURG FL 33701

☐ DELETE

TITLE CEO  
NAME Peter J. Levin  
STREET ADDRESS 111 2nd Ave  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS Suite 1500  
1.4 CITY-ST-ZIP

☒ Change ☐ Addition

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

☐ Change ☒ Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. I 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 affidavit.

SIGNATURE

CR2E034 (10/97)