

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

**FILED**  
**May 12 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P95000002460 (0)**  
 1. Corporation Name  
**DESTIN COMMUNITY HOSPITAL, INC.**



Principal Place of Business <b>111 2ND AVENUE N.E., SUITE 1201, ST. PETERSBURG FL 33701</b>	Mailing Address <b>111 2ND AVENUE N.E., SUITE 1201, ST. PETERSBURG FL 33701</b>
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**01/10/1995**

2. Principal Place of Business 21 <b>111 2ND AVE NE</b> Suite, Apt. #, etc. 22 <b>Suite 1500</b> City & State 23 <b>St. Petersburg, FL</b> Zip 24 <b>33701</b>	2a. Mailing Address 26 <b>111 2ND AVE NE</b> Suite, Apt. #, etc. 27 <b>Suite 1500</b> City & State 28 <b>St. Petersburg, FL</b> Zip 29 <b>33701</b>
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4. FEI Number <b>59-3293436</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>CP</b>	<input type="checkbox"/> DELETE	1.1 TITLE <b>HOPES, SCOTT L</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>HOPES, SCOTT L</b>		1.2 NAME	
STREET ADDRESS <b>111 2ND AVENUE N.E., SUITE 1201</b>		1.3 STREET ADDRESS <b>Suite 1500</b>	
CITY-ST-ZIP <b>ST. PETERSBURG FL 33701</b>		1.4 CITY-ST-ZIP	
TITLE <b>CEO</b>	<input type="checkbox"/> DELETE	2.1 TITLE <b>Peter J. Levin</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>Peter J. Levin</b>		2.2 NAME	
STREET ADDRESS <b>111 2nd Ave</b>		2.3 STREET ADDRESS <b>111 2nd Ave NE Suite 1500</b>	
CITY-ST-ZIP		2.4 CITY-ST-ZIP <b>St. Petersburg FL 33701</b>	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 asterisk.

SIGNATURE \_\_\_\_\_

CP2E034 (10/97)