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|--|--|---|--|
| <b>DOCUMENT # P95000015304</b>   |  |   |  |
| 1. Entity Name<br><b>CYPRESS GARDENS MEDICAL CENTER, INC.</b>  |  |   |  |
| Principal Place of Business<br><b>6035 CYPRESS GARDENS BLVD<br/>WINTER HAVEN FL 33884</b>  |  | Mailing Address<br><b>6035 CYPRESS GARDENS BLVD<br/>WINTER HAVEN FL 33884-4115</b>  |  |
| 2. Principal Place of Business   |  | 3. Mailing Address  |  |
| Suite, Apt. #, etc.  |  | Suite, Apt. #, etc.   |  |
| City & State   |  | City & State  |  |
| Zip  | Country  | Zip   | Country                                  |
| <b>6. Name and Address of Current Registered Agent</b>   |  |   |  |
| <b>LEWIS, GAYLE S<br/>134 KINGS POND AVE<br/>WINTER HAVEN FL 33880</b>   |  |   | Name                                     |
|  |  |   | Street Address (if different from above) |
|  |  |   | City                                     |
| 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent.  |  |   |  |
| SIGNATURE _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required for all changes.)</small>   |  |   |  |
| 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>  |  | <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After MAY 1, 2000 Fee will be \$550.00</b><br><b>Make Check Payable to Department of State</b> |  |
| <b>11. OFFICERS AND DIRECTORS</b>  |  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>PST<br/>LEWIS, GAYLE S<br/>134 KINGS POND AVE<br/>WINTER HAVEN FL 33880</b> | <input type="checkbox"/> Delete   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  | <input type="checkbox"/> Delete   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  | <input type="checkbox"/> Delete   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  | <input type="checkbox"/> Delete   |  |
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| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  | <input type="checkbox"/> Delete   |  |
| <b>12.</b>   |  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |  |
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| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |  |
| 13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 607.1 of the Florida Statutes, and that the information supplied is true and accurate and that my signature shall have the effect of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, F.S., changed, or on an attachment with an address, with all other like empowered. |  |   |  |

03-23-2000 90024 031 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

|   |                       |   |                |  |  |  |
|---|-----------------------|---|----------------|--|--|--|
| City & State  |                       | City & State  |                | 4. FEI Number <b>59-3303908</b>  |  | Applied For<br><input type="checkbox"/> Not Applicable |
| Zip   | Country               | Zip   | Country        | 5. Certificate of Status Desired <input type="checkbox"/>  |  | <b>\$8.75</b> Additional<br>Fee Required               |
| <b>6. Name and Address of Current Registered Agent</b>  |                       |   |                | <b>7. Name and Address of New Registered Agent</b>   |  |  |
| <b>LEWIS, GAYLE S</b><br><b>134 KINGS POND AVE</b><br><b>WINTER HAVEN FL 33880</b>  |                       |   |                | Name   |  |  |
|   |                       |   |                | Street Address (P.O. Box Number is Not Acceptable)   |  |  |
|   |                       |   |                |  |  |  |
|   |                       |   |                | City   |  | <b>FL</b>  |
| 8. 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____<br><small>Signature, typed or printed name of registered agent and title if applicable.</small>   |                       |   |                |  |  |  |
| 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>   |                       | <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After MAY 1, 2000 Fee will be \$550.00</b><br><b>Make Check Payable to Department of State</b> |                | 10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees |  |  |
| <b>11. OFFICERS AND DIRECTORS</b>   |                       |   |                | <b>12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>   |  |  |
| TITLE   | PST                   | <input type="checkbox"/> Delete   | TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |  |
| NAME  | LEWIS, GAYLE S        |   | NAME           |  |  |  |
| STREET ADDRESS  | 134 KINGS POND AVE    |   | STREET ADDRESS |  |  |  |
| CITY-ST-ZIP   | WINTER HAVEN FL 33880 |   | CITY-ST-ZIP    |  |  |  |
| TITLE   |                       | <input type="checkbox"/> Delete   | TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |  |
| NAME  |                       |   | NAME           |  |  |  |
| STREET ADDRESS  |                       |   | STREET ADDRESS |  |  |  |
| CITY-ST-ZIP   |                       |   | CITY-ST-ZIP    |  |  |  |
| TITLE   |                       | <input type="checkbox"/> Delete   | TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |  |
| NAME  |                       |   | NAME           |  |  |  |
| STREET ADDRESS  |                       |   | STREET ADDRESS |  |  |  |
| CITY-ST-ZIP   |                       |   | CITY-ST-ZIP    |  |  |  |
| TITLE   |                       | <input type="checkbox"/> Delete   | TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |  |
| NAME  |                       |   | NAME           |  |  |  |
| STREET ADDRESS  |                       |   | STREET ADDRESS |  |  |  |
| CITY-ST-ZIP   |                       |   | CITY-ST-ZIP    |  |  |  |
| TITLE   |                       | <input type="checkbox"/> Delete   | TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |  |
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| CITY-ST-ZIP   |                       |   | CITY-ST-ZIP    |  |  |  |
| TITLE   |                       | <input type="checkbox"/> Delete   | TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |  |
| NAME  |                       |   | NAME           |  |  |  |
| STREET ADDRESS  |                       |   | STREET ADDRESS |  |  |  |
| CITY-ST-ZIP   |                       |   | CITY-ST-ZIP    |  |  |  |
| 13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered. |                       |   |                |  |  |  |
| <b>SIGNATURE:</b> <u>Gayle S Lewis President 3.17.00</u><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>   |                       |   |                |  |  |  |
|   |                       |   |                |  |  | <small>Date</small><br><small>Daytime Phone #</small>  |

CR2E034 (9/99)