

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

**FILED**  
**May 12 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
--	---	---

**DOCUMENT # P95000038581 (1)**  
 1. Corporation Name  
**COMMUNITY HEALTH CARE SYSTEMS, INC.**



Principal Place of Business <b>1414 KUHL AVE ORLANDO FL 32806</b>	Mailing Address <b>1414 KUHL AVE ORLANDO FL 32806-2008</b>
--	---

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29

3. Date Incorporated or Qualified <b>05/15/1995</b>	3a. Date of Last Report <b>05/01/1996</b>
4. FEI Number <b>59-3360512</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**EVANS, DAVID L  
 225 E ROBINSON ST  
 SUITE 600  
 ORLANDO FL 32801**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	<b>FL</b>
83	
84 City	

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

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>HILLENMEYER, JOHN</b>	
STREET ADDRESS	<b>1414 KUHL AVE</b>	
CITY-ST-ZIP	<b>ORLANDO FL 32806</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>BOZARD, JOHN W</b>	
STREET ADDRESS	<b>1414 KUHL AVE</b>	
CITY-ST-ZIP	<b>ORLANDO FL 32806</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>HODGES, KARL W</b>	
STREET ADDRESS	<b>1414 KUHL AVE</b>	
CITY-ST-ZIP	<b>ORLANDO FL 32806</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>SMITH, NANCY J</b>	
STREET ADDRESS	<b>1414 KUHL AVE</b>	
CITY-ST-ZIP	<b>ORLANDO FL 32806</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>SINGLETON, GARRY J</b>	
STREET ADDRESS	<b>1414 KUHL AVE</b>	
CITY-ST-ZIP	<b>ORLANDO FL 32806</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>CD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>Hillenmeyer, John</b>	
1.3 STREET ADDRESS	<b>1414 Kuhl Ave</b>	
1.4 CITY-ST-ZIP	<b>Orlando, FL 32806</b>	
2.1 TITLE	<b>PD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>Bozard, John</b>	
2.3 STREET ADDRESS	<b>1414 Kuhl Ave</b>	
2.4 CITY-ST-ZIP	<b>Orlando, FL 32806</b>	
3.1 TITLE	<b>S, T, D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>Hodges, Karl W.</b>	
3.3 STREET ADDRESS	<b>1414 Kuhl Ave.</b>	
3.4 CITY-ST-ZIP	<b>Orlando, FL 32806</b>	
4.1 TITLE	<b>D.</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>Pinell, Mike, M.D.</b>	
4.3 STREET ADDRESS	<b>1414 Kuhl Ave.</b>	
4.4 CITY-ST-ZIP	<b>Orlando, FL 32806</b>	
5.1 TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	<b>Anton, Manuel P. III</b>	
5.3 STREET ADDRESS	<b>875 Cynthia Anna Circle</b>	
5.4 CITY-ST-ZIP	<b>Altamonte Springs, FL 32701</b>	
6.1 TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	<b>Stephens, Sam M.D.</b>	
6.3 STREET ADDRESS	<b>2876 S. Osceola Ave</b>	
6.4 CITY-ST-ZIP	<b>Orlando, FL 32806</b>	

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 in an attachment with an address.

SIGNATURE: *[Signature]*

**APR 28 1997**

CR2E034 (9/96)

(Continues Next Page)

**ADDITIONS TO OFFICERS AND DIRECTORS IN 12  
(CONTINUATION)**

D Addition  
Neder, George, MD  
85 W. Miller  
Suite 104  
Orlando FL 32806

D Addition  
Einhorn, Arnold, MD  
5979 Vineland Rd.  
Suite 109  
Orlando FL 32819

D Addition  
Holcomb, Allen, MD  
3885 Oakwater Circle  
Orlando, FL 32806

D Addition  
Janovitz, Richard, MD  
2876 Osceola Ave.  
Orlando FL 32806

D Addition  
Kivett, Gerald, MD  
4711 Curry Ford Rd.  
Orlando FL 32812

D Addition  
Schoeck, James, MD  
415 Briercliff Dr.  
Orlando FL 32806