

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

FILED
May 08 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000038581 (1)
 1. Corporation Name
COMMUNITY HEALTH CARE SYSTEMS, INC.



Principal Place of Business 1414 KUHL AVE ORLANDO FL 32806	Mailing Address 1414 KUHL AVE ORLANDO FL 32806
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 2301 Lucien Way Suite, Apt. #, etc. 22 Ste. 440 City & State 23 Maitland, FL Zip 24 32751 Country 25 USA		2a. Mailing Address 26 2301 Lucien Way Suite, Apt. #, etc. 27 Ste. 440 City & State 28 Maitland, FL Zip 29 32751 Country 30 USA		3. Date Incorporated or Qualified 05/15/1995	4. FEI Number 59-3360512	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <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			
				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 _____ (NOTE: Registered Agent Signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CD	<input type="checkbox"/> DELETE	1.1 TITLE	SVD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HILLENMEYER, JOHN		1.2 NAME	Steve Harr	
STREET ADDRESS	1414 KUHL AVE		1.3 STREET ADDRESS	1414 Kuhl Ave	
CITY-ST-ZIP	ORLANDO FL		1.4 CITY-ST-ZIP	Orlando, FL	
TITLE	PD	<input type="checkbox"/> DELETE	2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BOZARD, JOHN W		2.2 NAME	Paul Goldstein	
STREET ADDRESS	1414 KUHL AVE		2.3 STREET ADDRESS	1414 Kuhl Ave	
CITY-ST-ZIP	ORLANDO FL		2.4 CITY-ST-ZIP	Orlando, FL	
TITLE	STD	<input type="checkbox"/> DELETE	3.1 TITLE	TVD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HODGES, KARL W		3.2 NAME	Karl W. Hodges	
STREET ADDRESS	1414 KUHL AVE		3.3 STREET ADDRESS	1414 Kuhl Ave	
CITY-ST-ZIP	ORLANDO FL		3.4 CITY-ST-ZIP	Orlando, FL	
TITLE	D	<input type="checkbox"/> DELETE	4.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PINELL, MIKE M.D.		4.2 NAME	Manuel P. Anton, III	
STREET ADDRESS	1414 KUHL AVE		4.3 STREET ADDRESS	875 Cynthiaanna Circle	
CITY-ST-ZIP	ORLANDO FL		4.4 CITY-ST-ZIP	Altamonte Springs, FL	
TITLE	D	<input type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANTON, MANUEL P. III		5.2 NAME		
STREET ADDRESS	875 CYNTHIANNA CIRCLE		5.3 STREET ADDRESS		
CITY-ST-ZIP	ALTAMONTE SPRINGS FL		5.4 CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEPHENS, SAM M.D.		6.2 NAME		
STREET ADDRESS	2876 S OSCEOLA AVE		6.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL		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 my attachment with an address.

SIGNATURE: *Manuel P. Anton, III* 4-30-98 841-5711

CR2E034 (10/97)