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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

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
05/15/1995

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

4. FEI Number
59-3360512
☐ 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

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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	CD	☐ DELETE
NAME	HILLENMEYER, JOHN	
STREET ADDRESS	1414 KUHL AVE	
CITY-ST-ZIP	ORLANDO FL	
TITLE	PD	☐ DELETE
NAME	BOZARD, JOHN W	
STREET ADDRESS	1414 KUHL AVE	
CITY-ST-ZIP	ORLANDO FL	
TITLE	STD	☐ DELETE
NAME	HODGES, KARL W	
STREET ADDRESS	1414 KUHL AVE	
CITY-ST-ZIP	ORLANDO FL	
TITLE	D	☐ DELETE
NAME	PINELL, MIKE M.D.	
STREET ADDRESS	1414 KUHL AVE	
CITY-ST-ZIP	ORLANDO FL	
TITLE	D	☐ DELETE
NAME	ANTON, MANUEL P. III	
STREET ADDRESS	875 CYNTHIANNA CIRCLE	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL	
TITLE	D	☐ DELETE
NAME	STEPHENS, SAM M.D.	
STREET ADDRESS	2876 S OSCEOLA AVE	
CITY-ST-ZIP	ORLANDO FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	SVD	☐ Change ☒ Addition
1.2 NAME	Steve Harr	
1.3 STREET ADDRESS	1414 Kuhl Ave	
1.4 CITY-ST-ZIP	Orlando, FL	
2.1 TITLE	D	☐ Change ☒ Addition
2.2 NAME	Paul Goldstein	
2.3 STREET ADDRESS	1414 Kuhl Ave	
2.4 CITY-ST-ZIP	Orlando, FL	
3.1 TITLE	TVD	☒ Change ☐ Addition
3.2 NAME	Karl W. Hodges	
3.3 STREET ADDRESS	1414 Kuhl Ave	
3.4 CITY-ST-ZIP	Orlando, FL	
4.1 TITLE	VD	☒ Change ☐ Addition
4.2 NAME	Manuel P. Anton, III	
4.3 STREET ADDRESS	875 Cynthianna Circle	
4.4 CITY-ST-ZIP	Altamonte Springs, FL	
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

CR2E034 (10/97)

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 address.

SIGNATURE: [illegible signature] 4-30-98 841-5711