

**\* SECURED NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P95000047433 (4)  
1. Corporation Name

FLORIDA MEMORIAL HEALTHCARE CORPORATION



Principal Place of Business: 2400 BEDFORD RD ORLANDO FL 32803  
Mailing Address: 2400 BEDFORD RD ORLANDO FL 32803

3. Date Incorporated or Qualified: 06/15/1995  
3a. Date of Last Report

2. Principal Place of Business: 10601 Medical Center Dr, Suite 313, Orange City, FL 32763, WA  
2a. Mailing Address: 875 Sterthaus Ave, Attn: Charles B Koval, Ormond Beach, FL 32174, WA

4. FEI Number: 59-3349558  
5. Certificate of Status Desired: \$8.75 Additional Fee Required  
6. Election Campaign Financing: \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes: Yes  No

9. Name and Address of Current Registered Agent: TRIMBLE, T. L., 2400 BEDFORD RD, ORLANDO FL 32803

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's signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	P/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		1.2 NAME	Lind, Richard A.
STREET ADDRESS		1.3 STREET ADDRESS	875 Sterthaus Avenue
CITY - ST - ZIP		1.4 CITY - ST - ZIP	Ormond Beach, FL 32174
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	VP/T/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	Reiner, Rich
STREET ADDRESS		2.3 STREET ADDRESS	601 East Rollins Street
CITY - ST - ZIP		2.4 CITY - ST - ZIP	Orlando, FL 32803
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	Asst.S/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	Watson, Clare
STREET ADDRESS		3.3 STREET ADDRESS	875 Sterthaus Avenue
CITY - ST - ZIP		3.4 CITY - ST - ZIP	Ormond Beach, FL 32174
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	Brownlow, John
STREET ADDRESS		4.3 STREET ADDRESS	601 East Rollins Street
CITY - ST - ZIP		4.4 CITY - ST - ZIP	Orlando, FL 32803
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	Garrett, M.D., Paul
STREET ADDRESS		5.3 STREET ADDRESS	601 East Rollins Street
CITY - ST - ZIP		5.4 CITY - ST - ZIP	Orlando, FL 32803
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	Felgenbaum, M.D., Martin
STREET ADDRESS		6.3 STREET ADDRESS	875 Sterthaus Avenue
CITY - ST - ZIP		6.4 CITY - ST - ZIP	Ormond Beach, FL 32174

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: RALPH  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Richard B. Lind, President

7/16/96 (904) 676-6114  
DATE: \_\_\_\_\_ DAY: \_\_\_\_\_

CR2E034 (3/96)