

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

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**Mar 21 1997 8:00am  
Secretary of State**

**PROFIT CORPORATION  
ANNUAL REPORT  
1997**



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  
1061 MEDICAL CENTER DRIVE  
SUITE 313  
ORANGE CITY FL 32763  
US**

**Mailing Address  
ATTN: CHARLES B. KOVAL  
875 STERTHAUS AVENUE  
ORMOND BEACH FL 32174-5131  
US**

<b>3. Date Incorporated or Qualified</b> 06/15/1995	<b>3a. Date of Last Report</b> 07/22/1996
<b>4. FEI Number</b> 59-3349558	Applied For Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
<b>6. Election Campaign Financing Trust Fund Contribution</b> <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
<b>8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	

<b>2. Principal Place of Business:</b>	<b>2a. Mailing Address</b>
<b>21</b> State, Apt. #, etc.	<b>26</b> State, Apt. #, etc.
<b>22</b> City & State	<b>27</b> City & State
<b>23</b> Zip	<b>28</b> Zip
<b>25</b> Country	<b>30</b> Country

**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**

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

**11. Pursuant to the provisions of Sections 607.0502 and 607.1506, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered officer 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** (Date of Signature) (Name of Registered Agent, if applicable) (NOTE: Registered Agent signature required when remaining) (DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
<b>TITLE</b>	<b>VPDT</b> <input type="checkbox"/> DELETE	<b>1.1 TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	<b>REINER, RICH</b>	<b>1.2 NAME</b>	
<b>STREET ADDRESS</b>	<b>601 EAST ROLLINS STREET</b>	<b>1.3 STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>	<b>ORLANDO FL</b>	<b>1.4 CITY - ST - ZIP</b>	
<b>TITLE</b>	<b>ASD</b> <input type="checkbox"/> DELETE	<b>2.1 TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	<b>WATSON, CLARE</b>	<b>2.2 NAME</b>	
<b>STREET ADDRESS</b>	<b>875 STERTHAUS AVENUE</b>	<b>2.3 STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>	<b>ORMOND BEACH FL</b>	<b>2.4 CITY - ST - ZIP</b>	
<b>TITLE</b>	<b>D</b> <input type="checkbox"/> DELETE	<b>3.1 TITLE</b>	<b>ASD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	<b>BROWNLOW, JOHN</b>	<b>3.2 NAME</b>	
<b>STREET ADDRESS</b>	<b>601 EAST ROLLINS STREET</b>	<b>3.3 STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>	<b>ORLANDO FL</b>	<b>3.4 CITY - ST - ZIP</b>	
<b>TITLE</b>	<b>D</b> <input checked="" type="checkbox"/> DELETE	<b>4.1 TITLE</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>NAME</b>	<b>GARRETT, M.D. P</b>	<b>4.2 NAME</b>	<b>D PATTON, MELODIE</b>
<b>STREET ADDRESS</b>	<b>601 EAST ROLLINS STREET</b>	<b>4.3 STREET ADDRESS</b>	<b>601 E. Rollins Street</b>
<b>CITY - ST - ZIP</b>	<b>ORLANDO FL</b>	<b>4.4 CITY - ST - ZIP</b>	<b>ORLANDO FL 32803</b>
<b>TITLE</b>	<b>D</b> <input type="checkbox"/> DELETE	<b>5.1 TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	<b>FEIGENBAUM, M.D. MARTIN</b>	<b>5.2 NAME</b>	
<b>STREET ADDRESS</b>	<b>875 STERTHAUS AVENUE</b>	<b>5.3 STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>	<b>ORMOND BEACH FL</b>	<b>5.4 CITY - ST - ZIP</b>	
<b>TITLE</b>	<b>PD</b> <input type="checkbox"/> DELETE	<b>6.1 TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	<b>LIND, RICHARD A</b>	<b>6.2 NAME</b>	
<b>STREET ADDRESS</b>	<b>875 STERTHAUS AVE.</b>	<b>6.3 STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>	<b>ORMOND BEACH FL 32174</b>	<b>6.4 CITY - ST - ZIP</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 included 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:** *RALind* **RICHARD A. LIND**

**1/31/97 904.676.6114**

CR2E034 (9/96)