FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

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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

3. Date Incorporated or Qualified: 06/15/1995
3a. Date of Last Report: 07/22/1996

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 Country — 30

4. FEI Number: 59-3349558 — 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 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: (Registered Agent signature required when reinstating) DATE

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

CR2E034 (9/96)

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: RAL RICHARD A. LIND — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date: 1/31/97 — Daytime Phone #: 904.676.6114

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