

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 SEP 16 PM 12:37

DOCUMENT # **P95000063962 (1)**

1. Corporation Name
NARANJA MEDICAL CENTER, INC.



600001958446
-09/27/96--01015--011
****225.00 ****225.00

Principal Place of Business: 27409-11 S. DIXIE HIGHWAY NARANJA FL 33032
Mailing Address: 27409-11 S. DIXIE HIGHWAY NARANJA FL 33032

3. Date Incorporated or Qualified: 08/18/1995
3a. Date of Last Report

2. Principal Place of Business (21-24) and Mailing Address (2a-30) fields.

4. FEI Number (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
MILLER, JERRY
27409-11 SOUTH DIXIE HIGHWAY
NARANJA FL 33032

10. Name and Address of New Registered Agent
81 Name: EDWARD. BARANDIARAN
82 Street Address (P.O. Box Number is Not Acceptable): 27411 S DIXIE HWY
83 City: NARANJA FL 85 Zip Code: 33032

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, 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] (NOTE: Registered Agent signature required when registering.) DATE:

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MILLER, JERRY	
STREET ADDRESS	27409-11 SOUTH DIXIE HIGHWAY	
CITY - ST - ZIP	NARANJA FL 33032	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1: TITLE	EDWARD. BARANDIARAN	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12: NAME	PRESIDENT	
13: STREET ADDRESS	27411 S DIXIE HWY.	
14: CITY - ST - ZIP	NARANJA, FLA 33032	
2: TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
27: NAME		
23: STREET ADDRESS		
24: CITY - ST - ZIP		
3: TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32: NAME		
33: STREET ADDRESS		
34: CITY - ST - ZIP		
4: TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42: NAME		
43: STREET ADDRESS		
44: CITY - ST - ZIP		
5: TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52: NAME		
53: STREET ADDRESS		
54: CITY - ST - ZIP		
6: TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62: NAME		
63: STREET ADDRESS		
64: CITY - ST - ZIP		

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [Signature] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: 9996. 305 245-8000

CR2E034 (12/95)