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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000086871

1. Corporation Name

CHA MEDICAL CENTED INC

| SUN ME | DICAL CENTER, INC. | | | | | | | |
|---|---|-----------------------------------|-------------|----------------------------|--|---------------------|-------------------------|------------------------|
| Principal Place of Business Mailing Address | | | | | I HODRINDE IIA INIBI NËTIT DAŽIT DAJE DARIT SAN | ii tana a | 101 10111 1 | 1101 lini lanı |
| 124 MANATEE AVENUE EAST 124 MANATEE AVENUE EAST BRADENTON FL 34208 BRADENTON FL 34208 | | | Ī | DO NOT WRITE IN THIS SPACE | | | CE | |
| | | | | | 3. Date Incorporated or Qualifed | | | |
| | | | | | 11/13/1995 | | | |
| 2. Principal P | lace of Business | 2a. Mailing Address | | | 4. FEI Number | | Apı | olied For |
| 21 | <u> </u> | 26 | | | 65-0619134 | ļ | Nof | Applicable |
| | Apt. #, etc. Suite, Apt. #, etc. | | | | | \$8 | 3.75 A | dditional |
| 22 | 27 | | | | 5. Certificate of Status Desired | | Fee Re | quired |
| City & Stat | State City & State | | | | 6. Election Campaign Financing S.00 May Be Trust Fund Contribution Added to Fees | | | |
| Zip | Country Zip Cou | | | try | 8. This corporation owes the current year li | ntangibl | e , | di |
| 24 | 25 29 30 | | | | Personal Property Tax. | ☐ Yo | es | No |
| • | 9. Name and Address of Current | Registered Agent | | | 10. Name and Address of New Registere | 1 Agen | t | |
| JOHNSON, SUTTON 124 MANATEE AVENUE EAST | | | | 81 Name | | | | |
| | | | | 82 Street Add | Iress (P.O. Box Number is Not Acceptable) | | | |
| BRADENTON FL 34208 | | | ļ. | 83 | | | | |
| | | | ļ. | 0.4 | | 0.5 | Zip C | ebo' |
| | | | | 84 City | F | L 85 | 210 0 | ,oue |
| office or r | to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligation | of Florida. Such change was auth | norized | by the corporati | poration submits this statement for the purpose of ion's board of directors. I hereby accept the app | if chang pintmen | jing its i it as reg | registered pistered |
| SIGNATURE | Signature, typed or printed name of registered agent | and title if applicable (NOTE: Ru | A heretzine | Agent signature requir | ed when reinstation) DATE | | | } |
| 12. | OFFICERS AND DIRECTORS 13. | | | gon organical or requir | ADDITIONS/CHANGES TO OFFICERS A | ND DIF | RECTO | RS IN 12 |
| TITLE | D | ☐ DELETE | 1,1 TITL | .E | | | Change | ☐ Addition |
| NAME | JOHNSON, JOHN A M.D. | | 1.2 NAN | AE . | | | | |
| STREET ADDRESS | 124 MANATEE AVENUE EAST | .ST 1.3 | | EET ADDRESS | | | | |
| CITY-ST-ZIP | BRADENTON FL 34208 | | 14 CIT | Y-ST-ZIP | | | | |
| TITLE | | ☐ DELETE | 2.1 TITL | .E | | | Change | Addition |
| NAME | | | 2.2 NAN | AE | | | | |
| STREET ADDRESS | | | 2.3 STR | EET ADDRESS | | | | |
| CITY-ST-ZIP | | | 2. 4 CIT | Y-ST-ZIP | | | | |
| TITLE | | ☐ DELETE | 3.1 TITL | E | | | Change | ☐ Addition |
| NAME | 321 | | 3 2 NAN | AE . | | | | |
| STREET ADDRESS | | | 3.3 STR | EET ADDRESS | | | | |
| CITY-ST-ZIP | | | 3.4. CIT | Y-ST-ZIP | | | | |
| TITLE | | ☐ DELETE | 4.1 TITL | ε | | | Change | ☐ Addition |
| NAME | | | 4. 2 NA | ME | | | | |
| STREET ADDRESS | | | 4.3 STR | EET ADDRESS | | | | |
| CITY-ST-ZIP | | | _ | Y-ST-ZIP | | | | |
| TITLE | | ☐ DELETE 51 | | I . | | ∐C | Change | ☐ Addition |
| NAME | | | 5.2 NAN | | | | | |
| STREET ADDRESS | 1 | | ■ 5.3 STR | EET ADDRESS | | | | i |

CITY-ST-ZIP 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, with all other like empowered.

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

SIGNATURE: _

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

☐ DELETE

Change

Addition