Annan	5/900	

SECOND NOTICE: DORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OF BEFORE 99/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750). PROPIT FLORIDA DEPARTMENT OF STATE CORPORATION ANNUAL REPORT Sandra B. Mortham Secretary of State <u> 1998</u> **DIVISION OF CORPORATIONS**

FILED Aug 07 1998 8:00am Secretary of State

DOCUMENT # DOCUMENT #

1. Corporation Name (SOUUUUUUUUUUUUUUUUUUUUUUUUUUUUUUUUUUU						
CONSOLIDATED MEDICAL CENTERS, INC.						
	FIDATED MEDICAL DEMIERS), IIIO:		e tuniphing tim amien miere marre marre	86161 BB111 66181 61181 18118 81161 8116 1862	
	• •				<u> </u>	
Principal Plac	e of Business	Mailing Address			BARKA BARKA BARBA BARBA YARIA BIRBA BIRA 1884	
1	D CENTER PARKWAY	P.O. BOX 330007		(
SUITE 300	5	ATLANTIC BEACH FL 322	13	{		
MAITLAND FL	32751 🚦			DO NOT WRITE	IN THIS SPACE	
ļ				3. Date Incorporated or Qualified		
ļ. <u></u>	· · · · · · · · · · · · · · · · · · ·			01/18/1996		
	lace of Business	2a. Mailing Address		4. FEI Number	Applied For	
21 900 T Suite, Apt.	hird St., Ste A	26 P.O. Box	330007	65-0697039	Not Applicable	
22	#, 010 .	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & Stat	8 .	City & State		6. Election Campaign Financing	\$5.00 May Be	
23 Neptu	ne Beach, FL 28 Atlantic Bch, FL		Trust Fund Contribution	Added to Fees		
_ Zip	Country	Zip	Country	8. This corporation owes or has pai	d the current year Intangible	
24 3226	6 25 Duyal	29 32233	30 Duval	Personal Property Tax due June		
	9. Name and Address of Current	Registered Agent		10. Name and Address of New Re	gistered Agent	
	LIN OE R, LAWRENCE		81 Name	C Cornorate Service	ga Inc	
	MATLAND CENTER PARKWAY			C Corporate Service Address (P.O. Box Number is Not Acceptable		
	E 300		83 20	11 S. Biscayne Blvd.	- Suite 3000	
MAII	(LAND FL 32751		03		1	
	į.		84 City		85 Zip Code	
44 Duniant	10 Mary 10 10 10 10 10 10 10 10 10 10 10 10 10	and COT 4500 Fig. 1d. Ob. 1	Mia	ami	FL 33131	
office or	registered agent, or both, in the State of	and 607.1506, Florida Statute If Florida. Such change was a	es, the above-named corp authorized by the corp	orporation submits this statement for the purporation's board of directors. I hereby accept	he appointment as registered	
agent. i a	am milliar with, and accopt to prop	y fer services , fi	axiona Statutes.		- · · · - j	
SIGNATURE	Signifure, typed or printed name of registered agent in	and in Hamiltonia (N	OTE: Registered Agent signatu	GADO, VICE PRESIDENT JU	LY 31, 1998	
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFI		
TITLE	DCEO	DELETE	1.1 TITLE	CEO/Pres./Director	Change X Addition	
NAME	BI NDER, JEFFREY I		1.2 NAME	Stephen L. Silverbe	erg, MD	
STREET ADDRESS	9\$50 S. DIXIE HIGHWAY, SUITE 1220		1.3 STREET ADDRESS	13155 Atlantic Blv	3155 Atlantic Blvd.	
CITY-ST-ZIP	MAMI FL 33158		1.4 CITY-ST-ZIP	Jacksonville, FL	32225	
TITLE	09	X DELETE	2.1 TITLE		Change Addition	
NAME	SOHINDLER, LAWRENCE		2.2 NAME			
STREET ADDRESS	2005 MAITLAND CENTER PARK	WAY, SUITE 300	23 STREET ADDRESS		}	
CITY-ST-ZIP	MAITLAND FL 32751		2.4 CITY-ST-ZIP			
TITLE	GANTOO PLANOA	DELETE	3.1 TITLE		Change Addition	
NAME	SANTOS, BLANCA	4000	3.2 NAME			
STREET ADDRESS	\$250 S. DIXIE HIGHWAY, SUITE	1220	3.3 STREET ADDRESS		1	
CITY-ST-ZIP	MAMI FL 33158	<u> </u>	3.4 CITY-ST-ZIP			
TITLE	000	DELETE	4.1 TITLE		Change Addition	
NAME	MORRISON, MICHAELE ANN \$551 W. SUNRISE BLVD., SUITE	2004	4.2 NAME			
STREET ADDRESS	PLANTATION FL 33322	EUUM	4.3 STREET ADDRESS		Ì	
CITY-ST-ZIP	CPULLUION LE 00055	[7] pr. ===	4.4 CITY-ST-ZIP 5.1 TITLE			
NAME		L DELETE	5.1 TITLE 5.2 NAME		Change Addition	
STREET ADDRESS	 		5.2 NAME 5.3 STREET ADDRESS		1	
CITY-ST-ZIP					1	
TITLE		DELETE	5.4 CITY-ST-ZIP 6.1 TITLE		Change D Address	
NAME	· ·	(Dereie	6.2 NAME	90000261 10098/17/98	B163 Addition	
STREET ADDRESS			6.3 STREET ADDRESS	-08/17/98011	37032 PE	
CITY-ST-ZIP			6.4 CITY-ST-JIP	***550.00	8.7	

14. Thereby 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 of 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 pr Block 13 if changed, or on an attachment with an address.

SIGNATURE:

305-670-3405