

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

FILED
Apr 22 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000019264 (6)

1. Corporation Name

SEMINOLE MEDICAL CENTER, INC.

Clearwater Natural Medical Center, Inc.

Principal Place of Business

1700 McMULLEN BOOTH RD. SUITE D2
CLEARWATER FL 34619

Mailing Address

1700 McMULLEN BOOTH RD. SUITE D2
CLEARWATER FL 34619-2129

3. Date Incorporated or Qualified

03/01/1996

3a. Date of Last Report

2. Principal Place of Business

21 2454 McMullen Booth Rd

Suite, Apt. #, etc.

22 609

City & State

23 Clearwater FL

Zip

24 34619

Country

25 USA

2a. Mailing Address

26 2454 McMullen Booth Rd

Suite, Apt. #, etc.

27 609

City & State

28 Clearwater FL

Zip

29 34619

Country

30 USA

4. FEI Number

59 3363851

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

GASSMAN, ALAN S
1245 COURT ST, SUITE 102
CLEARWATER FL 34618

We are maintaining current
registered agent

10. Name and Address of New Registered Agent

81 Name ~~Condon, Leslie M~~
82 Street Address (P.O. Box Number is Not Acceptable)
1465 South Fort Harrison Ave
83 Suite 202
84 City ~~Clearwater~~ FL 85 Zip Code
34616

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

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

President

2454 McMullen Booth Rd Suite 609

Clearwater FL 34619

900002151709

-04/23/97--01046--038

***165.00

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 on an attachment with an address.

SIGNATURE: X

John O'Neill

John O'Neill 4/11/97 813 726-7333

Date

Daytime Phone #

CR2E034 (9/96)