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

Mailing Address
6770 NORTH 9TH AVENUE

2a. Mailing Address

PENSACOLA FL 32504-7346

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business

6770 NORTH 9TH AVENUE

2. Principal Place of Business

appoars in Block

PENSACOLA FL 32504



FLORIDA DEPARTMENT OF STATE

**FILED** 

May 02 1997 8:00am

Secretary of State

3a. Date of Last Report

Applied For

3. Date Incorporated or Qualified

07/19/1996 FEI Number

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P96000060757 (7)

COMMUNITY HEALTHCARE CENTER OF PENSACOLA, INC.

26 Not Applicable Suite, Apr. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Country Country Zip 8. This corporation has liability for intangible tax under s. 199.032, 🗓 Yes 🔲 No 29 30 Florida Statutes 24 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name LEIGHT, PAUL J 12550 BISCAYNE BLVD. #703 Street Address (P.O. Box Number is Not Acceptable) **NORTH MIAMI FL 33181** 83 84 City 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. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Separate typed or panied name of registored agent and title diapplicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. 96/6) DELETE 1.1 TITLE Change Addition MU 12000 BISCAYNE ELVE Suite 705 1.2 NAME NAME 1.3 STREET ADDRESS STELL ASSORESS 1.4 CITY - ST- ZIP DELETE Addition 2.1 TITLE Change TITLE NAME 22 NAME 2.3 STREET ADDRESS STREET ADDRESS 2. 4 CITY-ST-ZIP CHY-SI-7P Change Addition 3.1 TITLE TRUE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4 CITY-ST-ZIP CHY ST Change Addition 4.1 TITLE THILE 4. 2 NAME NAME STREET ACORES 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CLY St Ze DELETE Addition Chande 5.1 TITLE TiftE 52 NAME HALfi \$1883 LADORESS **53 STREET ADDRESS** CHY 51-7 P 54 CITY-ST-ZIP Change Addition DELETE 6.1 TITLE 1 IFF 62 NAME NAME 6.3 STREET ADDRESS ST-SELF ADDRESS 64 CITY-ST-ZIP CITY - ST - ZiP 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 roport or supplied with 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 of the employee of th