


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED  
Aug 15 1997 8:00am  
Secretary of State

|   |   |   |
|---|---|---|
| PROFIT<br>CORPORATION<br>ANNUAL REPORT<br><b>1997</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Northam</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|---|---|---|

DOCUMENT # **P96000067690 (3)**  
1. Corporation Name  
**PHYSICIANS/HOSPITAL CORPORATION OF FLORIDA, INC.**



|   |   |
|---|---|
| Principal Place of Business<br><b>800 NORTH MAGNOLIA AVENUE<br/>SUITE 1500<br/>ORLANDO FL 32803</b> | Mailing Address<br><b>800 NORTH MAGNOLIA AVENUE<br/>SUITE 1500<br/>ORLANDO FL 32803</b> |
|---|---|

DO NOT WRITE IN THIS SPACE

|   |                         |  |                         |   |  |
|---|-------------------------|--|-------------------------|---|--|
| 2. Principal Place of Business<br><b>21 359 Carolina Avenue</b><br>Suite, Apt. #, etc.<br><b>22</b> |                         | 2a. Mailing Address<br><b>26 359 Carolina Avenue</b><br>Suite, Apt. #, etc.<br><b>27</b> |                         | 3. Date Incorporated or Qualified<br><b>08/08/1996</b>  | 3a. Date of Last Report<br><b>None</b>                 |
| City & State<br><b>23 Winter Park, FL</b>   |                         | City & State<br><b>28 Winter Park, FL</b>  |                         | 4. FEI Number<br><b>59-3415853</b>  | Applied For<br><input type="checkbox"/> Not Applicable |
| Zip<br><b>24 32789</b>  | Country<br><b>25 US</b> | Zip<br><b>29 32789</b>   | Country<br><b>30 US</b> | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>   |  |
|   |                         |  |                         | 6. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>   |  |
|   |                         |  |                         | 8. This corporation owes or has paid the current year intangible<br>Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No |  |

|   |  |  |  |   |                       |
|---|--|--|--|---|-----------------------|
| 9. Name and Address of Current Registered Agent<br><b>DANIELS, ALAN H<br/>800 NORTH MAGNOLIA AVENUE<br/>SUITE 1500<br/>ORLANDO FL 32803</b> |  |  |  | 10. Name and Address of New Registered Agent          |                       |
|   |  |  |  | 81 Name   |                       |
|   |  |  |  | 82 Street Address (P.O. Box Number is Not Acceptable) |                       |
|   |  |  |  | 83  |                       |
|   |  |  |  | 84 City   | <b>FL</b> 85 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. 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 |                                 | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |  |
|----------------------------|---------------------------------|---|--|
| TITLE                      | <input type="checkbox"/> DELETE | 1.1 TITLE   | D/P/CEO <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME                       |                                 | 1.2 NAME  | ADESSA, JOHN L.  |
| STREET ADDRESS             |                                 | 1.3 STREET ADDRESS                                    | 359 CAROLINA AVENUE  |
| CITY-ST-ZIP                |                                 | 1.4 CITY-ST-ZIP                                       | WINTER PARK FL 32789   |
| TITLE                      | <input type="checkbox"/> DELETE | 2.1 TITLE   | D/S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition     |
| NAME                       |                                 | 2.2 NAME  | SANCHEZ, PHILIP L.   |
| STREET ADDRESS             |                                 | 2.3 STREET ADDRESS                                    | 685 PALM SPRINGS DRIVE, #2A  |
| CITY-ST-ZIP                |                                 | 2.4 CITY-ST-ZIP                                       | ALTAMONTE SPRINGS FL 32701   |
| TITLE                      | <input type="checkbox"/> DELETE | 3.1 TITLE   | D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition       |
| NAME                       |                                 | 3.2 NAME  | KIRTANE, PRAFULLA  |
| STREET ADDRESS             |                                 | 3.3 STREET ADDRESS                                    | 210 N. WESTMONTE DRIVE   |
| CITY-ST-ZIP                |                                 | 3.4 CITY-ST-ZIP                                       | ALTAMONTE SPRINGS FL 32714   |
| TITLE                      | <input type="checkbox"/> DELETE | 4.1 TITLE   | D/T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition     |
| NAME                       |                                 | 4.2 NAME  | ROGERS, WILLIAM, JR.   |
| STREET ADDRESS             |                                 | 4.3 STREET ADDRESS                                    | 800 W MORSE BLVD, SUITE 5  |
| CITY-ST-ZIP                |                                 | 4.4 CITY-ST-ZIP                                       | WINTER PARK FL 32789   |
| TITLE                      | <input type="checkbox"/> DELETE | 5.1 TITLE   | D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition       |
| NAME                       |                                 | 5.2 NAME  | SMUCKLER, DAVIT T.   |
| STREET ADDRESS             |                                 | 5.3 STREET ADDRESS                                    | 1701 N MILLS AVENUE  |
| CITY-ST-ZIP                |                                 | 5.4 CITY-ST-ZIP                                       | ORLANDO FL 32803   |
| TITLE                      | <input type="checkbox"/> DELETE | 6.1 TITLE   | D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition       |
| NAME                       |                                 | 6.2 NAME  | KEGAN, MICHAEL   |
| STREET ADDRESS             |                                 | 6.3 STREET ADDRESS                                    | 500 EAST COLONIAL DRIVE  |
| CITY-ST-ZIP                |                                 | 6.4 CITY-ST-ZIP                                       | ORLANDO FL 32803   |

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.

CR2E034 (4/97)

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ATTACHMENT TO  
1997 PROFIT CORPORATION ANNUAL REPORT FOR  
PHYSICIANS/HOSPITAL CORPORATION OF FLORIDA, INC.  
DOCUMENT #P96000067690

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12:

|      |                |                             |          |
|------|----------------|-----------------------------|----------|
| 7.1  | TITLE          | D                           | ADDITION |
| 7.2  | NAME           | CASELL, JACK L.             |          |
| 7.3  | STREET ADDRESS | 531 NORTH BAY               |          |
| 7.4  | CITY-ST-ZIP    | EUSTIS FL 32726             |          |
| 8.1  | TITLE          | D                           | ADDITION |
| 8.2  | NAME           | KIRTANE, SHIRISH            |          |
| 8.3  | STREET ADDRESS | 210 N. WESTMONTE DRIVE      |          |
| 8.4  | CITY-ST-ZIP    | ALTAMONTE SPRINGS FL 32714  |          |
| 9.1  | TITLE          | D                           | ADDITION |
| 9.2  | NAME           | KANG, RODNEY                |          |
| 9.3  | STREET ADDRESS | 801 ORIENTA AVE, SUITE 2600 |          |
| 9.4  | CITY-ST-ZIP    | ALTAMONTE SPRINGS FL 32701  |          |
| 10.1 | TITLE          | D                           | ADDITION |
| 10.2 | NAME           | NAGEL, SHIRLEY A.           |          |
| 10.3 | STREET ADDRESS | 130 WATERMAN AVE            |          |
| 10.4 | CITY-ST-ZIP    | MOUNT DORA FL 32757         |          |
| 11.1 | TITLE          | D                           | ADDITION |
| 11.2 | NAME           | DUVAL, MICHAEL A.           |          |
| 11.3 | STREET ADDRESS | 500 S MAITLAND AVE          |          |
| 11.4 | CITY-ST-ZIP    | MAITLAND FL 32751           |          |
| 12.1 | TITLE          | COO                         | ADDITION |
| 12.2 | NAME           | STACK, CHRISTINE            |          |
| 12.3 | STREET ADDRESS | 359 CAROLINA AVE            |          |
| 12.4 | CITY-ST-ZIP    | WINTER PARK FL 32789        |          |