

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

FILED
May 18 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000067690 (3)**
1. Corporation Name
PHYSICIANS HOSPITAL CORPORATION OF FLORIDA

Principal Place of Business 359 CAROLINA AVE WINTER PARK FL 32789 US	Mailing Address 359 CAROLINA AVE WINTER PARK FL 32789 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 08/08/1996	
21. Suite, Apt. #, etc.	22. City & State	26. Suite, Apt. #, etc.	27. City & State	4. FEI Number 59-3415853	Applied For <input type="checkbox"/> Not Applicable
23. Zip	24. Country	28. Zip	29. Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
25. Country				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent ADESSA, JOHN L 395 CAROLINA AVENUE WINTER PARK FL 32789		10. Name and Address of New Registered Agent	
81. Name		82. Street Address (P.O. Box Number is Not Acceptable)	
83. City		84. Zip Code FL	

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: John L. Adessa **John L. Adessa / Pres & CEO** **4/24/98**
Signature typed or printed in block letters and accompanied by title, if applicable (Print Name) Registered Agent signature required when reinstating DATE

12. OFFICERS AND DIRECTORS		13. (See attachment) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPCE <input type="checkbox"/> DELETE	1.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ADESSA, JOHN L	1.2 NAME	Jack Cassell, M.D.
STREET ADDRESS	359 CAROLINA AVE	1.3 STREET ADDRESS	1290 Waterman Way
CITY-ST-ZIP	WINTER PARK FL	1.4 CITY-ST-ZIP	TAVARES, FL. 32778
TITLE	SD <input type="checkbox"/> DELETE	2.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SANCHEZ, PHILIP L	2.2 NAME	Michael A. Duval, D.C.
STREET ADDRESS	685 PALM SPRINGS DR 2A	2.3 STREET ADDRESS	500 S. Maitland Ave
CITY-ST-ZIP	ALTAMONTE SPRINGS FL	2.4 CITY-ST-ZIP	Maitland, FL. 32751
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PRAFULLA, KIRTANE	3.2 NAME	Russell J. Ivanhoe
STREET ADDRESS	210 N. WESTMONTE DR.	3.3 STREET ADDRESS	1613 North Mills Ave.
CITY-ST-ZIP	WINTER PARK FL	3.4 CITY-ST-ZIP	Orlando, FL. 32803
TITLE	DT <input type="checkbox"/> DELETE	4.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROGERS, WILLIAM J	4.2 NAME	Edgar J. Jimenez, M.D.
STREET ADDRESS	800 W. MORSE BLVD STE 5	4.3 STREET ADDRESS	1804 N. Mills Ave.
CITY-ST-ZIP	WINTER PARK FL	4.4 CITY-ST-ZIP	Orlando, FL. 32803
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SMUCKLER, DAVIT T	5.2 NAME	Allan P. Klaiman, M.D.
STREET ADDRESS	1701 N MILLS AVE	5.3 STREET ADDRESS	1812 N. Mills Ave.
CITY-ST-ZIP	ORLANDO FL	5.4 CITY-ST-ZIP	Orlando, FL. 32801
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MICHAEL, KEGAN	6.2 NAME	Billie Jean Pace, MD
STREET ADDRESS	500 EAST COLONIAL DR.	6.3 STREET ADDRESS	701 Ballard St.
CITY-ST-ZIP	ORLANDO FL	6.4 CITY-ST-ZIP	Altamonte Springs, FL. 3201

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.

SIGNATURE: John L. Adessa **John L. Adessa** **4/24/98** **(407) 599-9500**

CR2E034 (10/97)