

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 09, 2004 08:00 AM
Secretary of State

DOCUMENT # P97000040125

1. Entity Name

CLERMONT MEDICAL CENTER SOUTH, INC.



Principal Place of Business

1135 LAKE AVENUE
CLERMONT, FL 34711

Mailing Address

1135 LAKE AVENUE
CLERMONT, FL 34711



06302004 No Chg-P CR2E034 (10/03)

4. FEI Number

59-3472739

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

ASMANN, STEPHEN M
1135 LAKE AVENUE
CLERMONT, FL 34711

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00
Due by September 8, 2004

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

U00000169656
08/09/04-80005-017 550.00

10. OFFICERS AND DIRECTORS

TITLE P
NAME CROWLEY, MEMORY E
STREET ADDRESS 1135 LAKE AVENUE
CITY, ST, ZIP CLERMONT, FL 34711

TITLE S
NAME ASMANN, STEPHEN M
STREET ADDRESS 1135 LAKE AVENUE
CITY, ST, ZIP CLERMONT, FL 34711

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

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CITY, ST, ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

8/4/04