
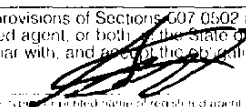
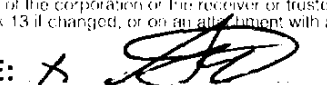


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

Apr 01 1998 8:00am  
Secretary of State

<b>PROFIT CORPORATION ANNUAL REPORT 1998</b>				<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT #</b> <span style="font-size: 1.2em;">P97000040801</span>					
<b>1. Corporation Name</b> <span style="font-size: 1.2em;">FT. LAUDERDALE MEDICAL CENTER, INC.</span>					
<b>Principal Place of Business</b> <span style="font-size: 1.2em;">1620 W. OAKLAND PARK BLVD.</span>			<b>Mailing Address</b> <span style="font-size: 1.2em;">1620 W. OAKLAND PARK BLVD.</span>		
<span style="font-size: 1.2em;">FT. LAUDERDALE, FL 33311</span>			<span style="font-size: 1.2em;">FT. LAUDERDALE, FL 33311</span>		
DO NOT WRITE IN THIS SPACE					
<b>2. Principal Place of Business</b> 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country			<b>2a. Mailing Address</b> 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		
<b>3. Date Incorporated or Qualified</b> <span style="font-size: 1.2em;">5/8/97</span>			<b>4. FEI Number</b> <span style="font-size: 1.2em;">65-0751765</span>		
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>			<b>6. Election Campaign Financing Trust Fund Contribution</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
<b>9. Name and Address of Current Registered Agent</b> <span style="font-size: 1.2em;"><del>MARK J. LAWYER</del></span>			<b>10. Name and Address of New Registered Agent</b> 81 Name <span style="font-size: 1.2em;">GARY S. SNYDER</span> 82 Street Address (P.O. Box Number is Not Acceptable) <span style="font-size: 1.2em;">1620 W. OAKLAND PARK BLVD.</span> 83 84 City <span style="font-size: 1.2em;">FT. LAUDERDALE</span> <span style="font-size: 1.2em;">FL</span> 85 Zip Code <span style="font-size: 1.2em;">33311</span>		
<b>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, to 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 provisions of, Section 607.0505, Florida Statutes.</b> SIGNATURE <input checked="" type="checkbox"/> <span style="font-size: 1.2em;"></span> DATE <span style="font-size: 1.2em;">X 3/25/98</span>					
(NOTE: Registered Agent signature required when reinstating)					
<b>12. OFFICERS AND DIRECTORS</b>			<b>13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12</b>		
TITLE <input type="checkbox"/> DELETE NAME <span style="font-size: 1.2em;">GARY S. SNYDER</span> STREET ADDRESS <span style="font-size: 1.2em;">1620 W. OAKLAND PARK BLVD.</span> CITY - ST - ZIP <span style="font-size: 1.2em;">FT. LAUDERDALE, FL 33311</span>			1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP		
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY - ST - ZIP			2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP		
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY - ST - ZIP			3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP		
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY - ST - ZIP			4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP		
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY - ST - ZIP			5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP		
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY - ST - ZIP			6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP		
<b>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.</b>					
<b>SIGNATURE:</b> <span style="font-size: 1.2em;"></span>			<span style="font-size: 1.2em;">X 3/25/98</span> <span style="font-size: 1.2em;">800002476088</span> <span style="font-size: 1.2em;">-04/02/98--01002--016</span> <span style="font-size: 1.2em;">***150.00</span>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date: <span style="font-size: 1.2em;">3/25/98</span> Daytime Phone: <span style="font-size: 1.2em;">954-486-4000</span>		

CR2E034 (10/97)