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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000087367

. Corporation Name

HOSPITAL & MEDICAL PROPERTIES GROUP, INC.

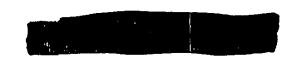
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/

Principal Place of Business 680 N.W. 100 TERRACE PLANTATION FL 33324-1056 Mailing Address

680 N.W. 100 TERRACE PLANTATION FL 33324-1056

FILED May 10, 1999 8:00 am Secretary of State

05-10-1999 90282 026 ***150.00



	. 40427 7404						DO NOT WRITE IN TH	IS SPACE		
							3. Date Incorporated or Qualifed 10/13/1998			
2. Principal Place of Business			2a. Mailing Address				4. FEI Number	Ж Арр	lied For	
			26					Not	Applicable	
Suite, Apt. #, etc.			Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75 A		
22			27				5. Certificate of Status Desired	Fee Rec	luired	
City & State			City & State				6. Election Campaign Financing	\$5.00 h		
23							Trust Fund Contribution	Added to	Fees	
Zip	. Country Zip			Country			8. This corporation owes the current year	Intangible	ا	
24	25	29	29 30				Personal Property Tax. ☐ Yes ☐ No			
24	9. Name and Address of Current	t Regist	ered Agent				10. Name and Address of New Registere	d Agent		
				8	1	Name				
MUINA, MARIETTA					82 Street Address (P.O. Box Number is Not Acceptable)					
680 N.W. 100 TERRACE PLANTATION FL 33324-1056					officer / tool oos (1.5. 25)					
				8	3					
				-	4	Cit.		. 85 Zip C	ode	
						City	F	LII		
office or ri agent, i ai	to the provisions of Sections 607.0502 egistered agent, or both, in the State on familiar with, and accept the obligat					named corpo ne corporation	oration submits this statement for the purpose n's board of directors. I hereby accept the app	of changing its foointment as reg	istered	
SIGNATURE	Signature, typed or printed name of registered agen	nt and title if	applicable (NOTE: R	egistered Ag	gent :	signature required	when reinstating) DATE			
12.	OFFICERS AN			13.	13.		ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	RS IN 12	
TITLE	D		☐ DELETE	1.1 TITLE	E			Change	Addition	
NAME	BRUDNER, HOWARD DR.			1.2 NAM	Ε					
STREET ADDRESS	680 N.W. 100 TERRACE			1.3 STRE	EETA	ADDRESS				
CITY-ST-ZIP	PLANTATION FL 33324-1056		_	1.4 CITY	-ST-	ZIP			ET Addition	
TITLE	D		□ DELETE	2.1 TITLE	E			Change	Addition	
NAME	MUINA, MARIETTA			22 NAM	Ε					
_STREET ADDRESS	680 N.W. 100 TERRACE		,	23 STRE	EETA	ADDRESS .				
CITY-ST-ZIP	PLANTATION FL 33324-1056			2.4 CITY	Y-ST-	-ZIP			- Addition	
TITLE			☐ DELETE	3.1 TITLE	E.			Change	☐ Addition	
NAME				3.2 NAM	ιE	1	•		1	
STREET ADDRESS				33 STRI	EET /	ADDRESS				
CITY-ST-ZIP				3.4. CITY	y-ST	- ZIP			A debat acc	
TITLE			☐ DELETE	4.1 TITU	E			Change	Addition	
NAME				4. 2 NAM	۸E					
STREET ADDRESS				4.3 STR	EET A	ADDRESS				
CITY-ST-ZIP				4.4 CITY	ST-	ZIP				
TITLE			☐ DELETE	5 1 TITLI	E			☐ Change	☐ Addition	
NAME				5.2 NAM	E					
STREET ADDRESS				5.3 STRI	EET /	ADDRESS				
CITY-ST-ZIP				5 4 CITY	' ST-	-21P				
TITLE			☐ DELETE	6.1 TITU	Ē			Change	Addition	
NAME				6.2 NAM	ΝE	}				
				6.3 STR	EET/	ADDRESS				
STREET ADDRESS				64 CITY	·ST-	-ZIP				

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 or an attachment with an address, with all other like empowered.

SIGNATURE: /

Marith Musin

04/24/99

PPE034 (11/98)