

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Norrheim
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 APR 27 AM 9:05

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # S80764 (1)

1. Corporation Name

CELEBRATION MEDICAL CENTER, INC.

Principal Place of Business

**1375 BUENA VISTA DR.
4TH FLOOR, N.
LAKE BUENA VISTA FL 32830
US**

Mailing Address

**500 SOUTH BUENA VISTA STREET
BURBANK CA 91521-0040**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

09/17/1991

3a. Date of Last Report

05/01/1994

4. FEI Number

59-3125096

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐ **\$5.00 May Be
Added to Fees**

9. This corporation has liability for intangible tax under G. 100.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**IOPPOLO, FRANK S.
1375 BUENA VISTA DRIVE
4TH FLOOR NORTH
LAKE BUENA VISTA FL 32380**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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 registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

**\$
PITT, LAWRENCE B
1375 BUENA VISTA DR
LAKE BUENA VISTA FL**

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

**D
LITVACK, SANFORD M.
500 S BUENA VISTA ST.
BURBANK CA**

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

**PD
RUMMEL, PETER S.
500 S BUENA VISTA ST
BURBANK CA**

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

**SD
REED, MARSHA L
500 S. BUENA VISTA ST.
BURBANK CA**

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

**T
XONAKI, MATTHEW
6849 WESTWOOD DR
ORLANDO FL**

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

Marsha L. Reed
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Marsha L. Reed

4/19/95
DATE

(818) 560-1000
Toll-free Number