

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **S80764** (1)

1. Corporation Name

CELEBRATION MEDICAL CENTER, INC.



Principal Place of Business

Mailing Address

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

500 SOUTH BUENA VISTA STREET
BURBANK CA 91521-0340

3. Date Incorporated or Qualified

09/17/1991

3a. Date of Last Report

04/27/1995

2. Principal Place of Business

2a. Mailing Address

21

26

500 SOUTH BUENA VISTA STREET

59-3125096

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

City & State

City & State
BURBANK, CA

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

Zip

Country

Zip

Country

24

25

29

91521-0586

30

USA

8. This corporation has liability for intangible tax under s 199.032,
Florida Statutes ☐ Yes ☒ No

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME S
STREET ADDRESS PITT, LAWRENCE B
CITY-ST-ZIP 1375 BUENA VISTA DR
LAKE BUENA VISTA FL

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME D
STREET ADDRESS LITVACK, SANFORD M.
CITY-ST-ZIP 500 S BUENA VISTA ST.
BURBANK CA

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME PD
STREET ADDRESS RUMMELL, PETER S.
CITY-ST-ZIP 500 S BUENA VISTA ST
BURBANK CA

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME SD
STREET ADDRESS REED, MARSHA L.
CITY-ST-ZIP 500 S. BUENA VISTA ST.
BURBANK CA

4.1 TITLE ☒ Change ☐ Addition
4.2 NAME ASD
4.3 STREET ADDRESS REED, MARSHA L.
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME T
STREET ADDRESS QUIMET, MATTHEW A.
CITY-ST-ZIP 6649 WESTWOOD DR
ORLANDO FL

5.1 TITLE ☒ Change ☐ Addition
5.2 NAME T
5.3 STREET ADDRESS QUIMET, MATTHEW A.
5.4 CITY-ST-ZIP 1375 BUENA VISTA DR.
LAKE BUENA VISTA, FL 34747

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 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

Date

Daytime Phone #

4/18/96 (818) 560-1000

CR2E034 (12/95)