

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

FILED  
Apr 22 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

Mailing Address  
**500 SOUTH BUENA VISTA STREET  
BURBANK CA 91521-0586  
US**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		09/17/1991	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-3125096	
24 Country		29 Country		Applied For	
				Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>IOPPOLO, FRANK S. 1375 BUENA VISTA DRIVE 4TH FLOOR NORTH LAKE BUENA VISTA FL 32830</b>				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City <b>FL</b> 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 filer, if applicable) (NOTE: Registered Agent signature required when reappointing) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	8	<input type="checkbox"/> DELETE		1.1 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	<b>PITT, LAWRENCE B</b>			1.2 NAME			
STREET ADDRESS	<b>1375 BUENA VISTA DR</b>			1.3 STREET ADDRESS			
CITY-ST-ZIP	<b>LAKE BUENA VISTA FL</b>			1.4 CITY-ST-ZIP	<b>32830</b>		
TITLE	D	<input type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	<b>LITVACK, SANFORD M.</b>			2.2 NAME			
STREET ADDRESS	<b>500 S BUENA VISTA ST.</b>			2.3 STREET ADDRESS			
CITY-ST-ZIP	<b>BURBANK CA</b>			2.4 CITY-ST-ZIP	<b>91521</b>		
TITLE	PD	<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	<b>SHINN, ROBERT L.</b>			3.2 NAME			
STREET ADDRESS	<b>200 CELEBRATION PLACE</b>			3.3 STREET ADDRESS			
CITY-ST-ZIP	<b>CELEBRATION FL</b>			3.4 CITY-ST-ZIP	<b>34747</b>		
TITLE	ASD	<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	<b>REED, MARSHA L.</b>			4.2 NAME			
STREET ADDRESS	<b>500 S. BUENA VISTA ST.</b>			4.3 STREET ADDRESS			
CITY-ST-ZIP	<b>BURBANK CA</b>			4.4 CITY-ST-ZIP	<b>91521</b>		
TITLE	T	<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	<b>QUIMET, MATTHEW A.</b>			5.2 NAME			
STREET ADDRESS	<b>1375 BUENA VISTA DR.</b>			5.3 STREET ADDRESS			
CITY-ST-ZIP	<b>LAKE BUENA VISTA FL</b>			5.4 CITY-ST-ZIP	<b>32830</b>		
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 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 on an attachment with an address.

CR2E034 (10/97)