

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 MAY -1 PM 3:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N02746 (8)

1. Corporation Name
MANATEE HOSPITALS AND HEALTH SYSTEMS, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
206 2ND STREET EAST 206 2ND STREET EAST
BRADENTON FL 34208 BRADENTON FL 34208

3. Date Incorporated or Qualified 3a. Date of Last Report
04/24/1984 06/03/1994
4. FEI Number Applied For
93-0863948 Not Applicable

2. Principal Place of Business 2a. Mailing Address
21 Suits, Apt. #, etc. 26 Suits, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 Zip Country 25 Zip Country 29 Zip Country 30 Zip Country

5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
TAGUE, KARL R
MANATEE MEMORIAL HOSPITAL
206 2ND STREET EAST
BRADENTON FL 34208

10. Name and Address of New Registered Agent
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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	SD
NAME	SMITH, DON
STREET ADDRESS	206 2ND STREET EAST
CITY - ST - ZIP	BRADENTON FL
TITLE	EVP
NAME	BURNSIDE, JIM
STREET ADDRESS	2224 W NORTHERN AVE / STE D300
CITY - ST - ZIP	PHOENIX AZ
TITLE	VP
NAME	STRITZEL, MARY
STREET ADDRESS	206 2ND STREET EAST
CITY - ST - ZIP	BRADENTON FL
TITLE	VP
NAME	BRYAN, MARK
STREET ADDRESS	206 2ND STREET EAST
CITY - ST - ZIP	BRADENTON FL
TITLE	VP
NAME	SOROCHTY, BARBARA
STREET ADDRESS	206 2ND STREET EAST
CITY - ST - ZIP	BRADENTON FL
TITLE	VPAS
NAME	ZACK, ROBERT
STREET ADDRESS	206 2ND STREET EAST
CITY - ST - ZIP	BRADENTON FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	SEE ATTACHED LIST
1.4 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	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 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	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 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	

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 110.07(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 of the corporation; and that my name appears in Block 12 or Block 13 if changed, or in an attachment with an address.

SIGNATURE: Robert A. Lach 5-30-95 941-745-7369
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Business Phone #)

Additions to Officers/Directors of Manatee Hospitals and Health Systems, Inc. 1995 Corporation Annual Report:

Officer and Directors

D

Mary Fran Carroll
206 2nd Street East
Bradenton, FL 34208

D

David K. Deitrich
206 2nd Street East
Bradenton, FL 34208

D

Jose Estigarribia, M.D.
206 2nd Street East
Bradenton, FL 34208

D

Michael Gurucharri, M.D.
206 2nd Street East
Bradenton, FL 34208

D

Ruben Hernandez, M.D.
206 2nd Street East
Bradenton, FL 34208

D

June Isbell
206 2nd Street East
Bradenton, FL 34208

D

Daniel McClure
206 2nd Street East
Bradenton, FL 34208

D

Alberto Montalvo, M.D.
206 2nd Street East
Bradenton, FL 34208

D

Celestino Palomino, M.D.
206 2nd Street East
Bradenton, FL 34208

D

John W. Rynerson
206 2nd Street East
Bradenton, FL 34208

D

Karl Tague
206 2nd Street East
Bradenton, FL 34208

D

George Thomas, M.D.
206 2nd Street East
Bradenton, FL 34208

D

Gerald L. Wissink
2224 W. Northern Ave. #D-300
Phoenix, AZ 85021

VPAS

William Alsentzer, Jr.
2224 W. Northern Ave. #D-300
Phoenix, AZ 85021

VP

Crystal Haynes
206 2nd Street East
Bradenton, FL 34208

VP

Vernon DeSear
206 2nd Street East
Bradenton, FL 34208

VP

Joseph Sloss, M.D.
206 2nd Street East
Bradenton, FL 34208