

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 740885

FILED
Jan 11, 2010
Secretary of State

Entity Name: ALLIANCE HEALTHCARE FOUNDATION, INC.

Current Principal Place of Business:

600 E. DIXIE AVE.
LEESBURG, FL 34748

New Principal Place of Business:

Current Mailing Address:

609 W. DIXIE AVENUE
LEESBURG, FL 34748

New Mailing Address:

FEI Number: 59-1800743

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PHILIP BRAUN
301 WEST OAK TERRACE
LEESBURG, FL 34748 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: C
Name: TUCKER, GERRY
Address: 92 PALERMO PLACE
City-St-Zip: THE VILLAGES, FL 32159

Title: S
Name: MORAN, BARBARA B
Address: 9643 SAN FERNANDO COURT
City-St-Zip: HOWEY-IN-THE-HILLS, FL 34737

Title: VC
Name: REARDON, ROBERT F
Address: 40209 MORNING MIST DRIVE
City-St-Zip: LADY LAKE, FL 32159

Title: T
Name: LINDGREN, RICHARD
Address: PO BOX 490032
City-St-Zip: LEESBURG, FL 34748

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: DALE HOCKING

CFO

01/11/2010

Electronic Signature of Signing Officer or Director

Date