2011 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Apr 01, 2011
Secretary of State

DOCUMENT# N43080

Entity Name: HEART OF FLORIDA HEALTH CENTER, INC.

Current Principal Place of Business:

1025 SW 1ST AVENUE
OCALA, FL 34471 US

New Principal Place of Business:

Current Mailing Address:

1025 SW 1ST AVENUE
OCALA, FL 34471 US

New Mailing Address:

FEI Number: 59-3060378 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CLARK, KERRIE J
1025 SW 1ST AVENUE
OCALA, FL 34471 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: DC
Name: KLEIN, H. RANDOLPH
Address: 333 NW 3RD AVENUE
City-St-Zip: OCALA, FL 34475

Title: DV
Name: MUTARELLI, RICHARD
Address: 1308 SE 14TH ST
City-St-Zip: OCALA, FL 34471

Title: DS
Name: TRAMMELL, DEB
Address: 10910 NW 115TH AVE
City-St-Zip: REDDICK, FL 32868

Title: DT
Name: GRIFFIN, BRADLEY
Address: 1431 SW 1ST AVENUE
City-St-Zip: OCALA, FL 34471

Title: CEO
Name: CLARK, KERRIE JONES
Address: 1025 SW 1ST AVENUE
City-St-Zip: OCALA, FL 37741

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: MARY LU KILEY CFO 04/01/2011
Electronic Signature of Signing Officer or Director Date