2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2009
Secretary of State

DOCUMENT# N08000009999

Entity Name: ST.LUCIE COUNTY HEALTH ACCESS NETWORK, INC.

Current Principal Place of Business:

51 50 NW MILNER DRIVE
PORT ST. LUCIE, FL 34983

New Principal Place of Business:

5150 NW MILNER DRIVE
PORT ST. LUCIE, FL 34983

Current Mailing Address:

51 50 NW MILNER DRIVE
PORT ST. LUCIE, FL 34983

New Mailing Address:

5150 NW MILNER DRIVE
PORT ST. LUCIE, FL 34983

FEI Number: 26-3945016 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HARRIS, JAMES S
5707 MYRTLE DRIVE
FORT PIERCE, FL 34982 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: PD ( ) Delete
Name: LEE, LARRY
Address: 503 NW BLUE LAKE DRIVE
City-St-Zip: PORT ST. LUCIE, FL 34986

Title: TD ( ) Delete
Name: DUNWOODY, ROBERT
Address: 5570 59TH TERRACE
City-St-Zip: VERO BEACH, FL 32967

Title: SD ( ) Delete
Name: MALINOWSKI, STACY
Address: 1342 BNEFISH CT.
City-St-Zip: FORT PIERCE, FL 34949

Title: D ( ) Delete
Name: ROBERTS, JAMES A MD
Address: 2100 NEBRASKA AVE. #205
City-St-Zip: FORT PIERCE, FL 34950

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: LEE, LARRY RN
Address: 503 NW BLUE LAKE DRIVE
City-St-Zip: PORT ST. LUCIE, FL 34986

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: LARRY LEE PD 04/29/2009

Electronic Signature of Signing Officer or Director — Date