# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Jan 31, 2012**
**Secretary of State**

DOCUMENT# 740885

**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:**

1501 N US HWY 441
1802
THE VILLAGES, FL 32159

**FEI Number: 59-1800743** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BRAUN, PHILIP J
301 WEST OAK TERRACE DRIVE
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: MAZE, JOHN
Address: 10846 VERSAILLES BLVD
City-St-Zip: CLERMONT, FL 34711

Title: VC
Name: TUCKER, GERALD
Address: 1519 BRIER CREEK CIRCLE
City-St-Zip: THE VILLAGES, FL 32159

Title: T
Name: WEST, RANDALL
Address: 17860 SE 109TH AVENUE
City-St-Zip: SUMMERFIELD, FL 34491

Title: S
Name: WILHIDE, BEVERLY
Address: 1638 BLACK LAKE DRIVE
City-St-Zip: THE VILLAGES, FL 32162

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: TED E. WILLIAMS PRES 01/31/2012

Electronic Signature of Signing Officer or Director — Date