

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000009999

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

Current Principal Place of Business:

3855 S US HIGHWAY 1, SUITE B
FORT PIERCE, FL 34982

Current Mailing Address:

3855 S US HIGHWAY 1, SUITE B
FORT PIERCE, FL 34982

FEI Number: 26-3945016

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LEE, LARRY J
503 NW BLUE LAKE DRIVE
PORT ST LUCIE, FL 34986 US

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

Officer/Director Detail :

Title PD
Name LEE, LARRY RN
Address 503 NW BLUE LAKE DRIVE
City-State-Zip: PORT ST. LUCIE FL 34986

Title D
Name ROMANO, JOHN
Address 4500 W MIDWAY ROAD
City-State-Zip: FORT PIERCE FL 34981

Title SD
Name MALINOWSKI, STACY
Address 1342 BONEFISH CT.
City-State-Zip: FORT PIERCE FL 34949

Title D
Name FLORES, GERARD QMD
Address 1801 S 23RD ST #2
City-State-Zip: FORT PIERCE FL 34950

Title D
Name ADAMS, CRIS
Address 4800 S. U.S. HIGHWAY 1
City-State-Zip: FORT PIERCE, FL FL 34982

Title TD
Name ALLEY, PATRICIA
Address 10625 PINE CONE LANE
City-State-Zip: FORT PIERCE FL 34945

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: LARRY LEE

PRESIDENT

03/04/2013

Electronic Signature of Signing Officer/Director Detail

Date