#### 2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000004772

Entity Name: GLADES HEALTHCARE FOUNDATION, INC.

FILED
Mar 28, 2013
Secretary of State
CC4209220225

# **Current Principal Place of Business:**

2601 10TH AVENUE N. SUITE 100

PALM SPRINGS, FL 33461

## **Current Mailing Address:**

2601 10TH AVENUE N. SUITE 100

PALM SPRINGS, FL 33461

FEI Number: 65-0541467 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

ROMANELLO, NICHOLAS W 2601 10TH AVENUE N. SUITE 100 PALM SPRINGS, FL 33461 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: NICHOLAS W. ROMANELLO

03/28/2013

Electronic Signature of Registered Agent

Date

#### Officer/Director Detail:

**CFO** 

Title

Title CHAIRMAN Title VC

Name LOHMANN, BRIAN Name DAVIS, DARCY

Address 2601 10TH AVENUE N., SUITE 100 Address 2601 10TH AVENUE N., SUITE 100

City-State-Zip: PALM SPRINGS FL 33461 City-State-Zip: PALM SPRINGS FL 33461

Title SECRETARY Title TREASURER

Name WIEWORA, RONALD J DR. Name COFFMAN, STEPHEN

Address 2601 10TH AVENUE N., SUITE 100 Address 2601 10TH AVENUE N., SUITE 100

City-State-Zip: PALM SPRINGS FL 33461 City-State-Zip: 2601 10TH AVENUE, SUITE 100 FL

Title

33461

Name VATH, HOLLY Name ALVAREZ, GILBERTO

Address 2601 10TH AVENUE N., SUITE 100

Address 2601 10TH AVENUE N., SUITE 100 Address 2601 10TH AVENUE N., SUITE 100

City-State-Zip: PALM SPRINGS FL 33461 City-State-Zip: PALM SPRINGS FL 33461

Title DIRECTOR Title DIRECTOR

Name LEACH, THOMAS J. Name ROMANELLO, NICHOLAS W

Address 2601 10TH AVENUE N. SUITE 100 Address 2601 10TH AVENUE N.

SUITE 100

City-State-Zip: PALM SPRINGS FL 33461 City-State-Zip: PALM SPRINGS FL 33461

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: NICHOLAS W. ROMANELLO

CHIEF LEGAL OFFICER

**DIRECTOR** 

03/28/2013