2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 08, 2011
Secretary of State

DOCUMENT# 634076

Entity Name: SOUTHERN HOSPITAL SYSTEMS, INC.

Current Principal Place of Business:

655 WEST 8TH STREET
JACKSONVILLE, FL 32209

New Principal Place of Business:

Current Mailing Address:

ATTN: CHARLES E CANIFF, ESQ.
655 WEST 8TH STREET
JACKSONVILLE, FL 32209

New Mailing Address:

ATTN: CHARLES E. CANIFF, ESQ.
655 WEST 8TH STREET
JACKSONVILLE, FL 32209

FEI Number: 59-1930524 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CANIFF, CHARLES E ESQ.
655 WEST 8TH STREET
JACKSONVILLE, FL 32209 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: CPD
Name: BURKHART, JAMES R
Address: 655 WEST 8TH STREET
City-St-Zip: JACKSONVILLE, FL 32209

Title: TD
Name: GLEASON, MICHAEL E
Address: 655 WEST 8TH STREET
City-St-Zip: JACKSONVILLE, FL 32209

Title: SD
Name: CANIFF, CHARLES E
Address: 655 WEST 8TH STREET
City-St-Zip: JACKSONVILLE, FL 32209

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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: CHARLES E. CANIFF S 03/08/2011

Electronic Signature of Signing Officer or Director Date