2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Jan 30, 2006 8:00 am Secretary of State

DOCUMENT # 701271 1. Entity Name FISHERMEN'S HOSPITAL, INC.							01-30-2006 90068 035 ****61.25						
Principal Place of Business 3301 OVERSEAS HIGHWAY MARATHON, FL 33050 US MARATHON, FL 33050 US MARATHON, FL 33050 US				US									
Principal Place of Business 3. Mailing Address													
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Suite, Apt. #, etc.		Suit	Suite, Apt. #, etc.				01092006	Chg-	NP	CR2E0	37 (11/05)		
City & State		City	City & State				4. FEI Numi 59-09					oplied For ot Applicable	
Zip	Country	Zip Co		Cou	intry		5. Certificate of Status Desired				\$8.75 Add	ditional	
	6. Name and Address of Current	Registered	! ! Agent		<u></u>		7. Name an	d Addres	s of New I	Registered			
WRIGHT THOMAS D				Name									
WRIGHT, THOMAS D 9711 OVERSEAS HWY MARATHON, FL 33050					Street A	ddress (F	P.O. Box Num	oer is Not	Acceptab	le)			
					City					FL	Zip Cod	e	
The above named entity submits this statement for the purpose of changing its register.					! ed office or	register							
	lons of registered agent.					-					•		
SIGNATURE.													
SIGNATURE.	Signature, typed or printed name of registered agent a	and title if appli	cable. (NOTE	Registere	d Agent signet	ure required	when reinstating)			DATE			
SIGNATORE 2	Signature, typed or printed name of registered agents Filling Fee is \$61.25 Due by May 1, 2006	and title if appli	9. Election Cam Trust Fund C	npaign F	inancing		\$5.00 May Added to Fee	Be s		Make chec	k payable t		
10.	Filing Fee is \$61.25		9. Election Cam	npaign F	inancing		\$5.00 May	s	Flo	Make chec orida Depa	rtment of S	tate	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jofin Inchran

1-11-06 305 743545

Daytime Phone #