


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

01-30-2006 90068 035 ****61.25

DOCUMENT # 701271 1. Entity Name FISHERMEN'S HOSPITAL, INC.					
Principal Place of Business 3301 OVERSEAS HIGHWAY MARATHON, FL 33050 US			Mailing Address PO BOX 500160 MARATHON, FL 33050 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-0914771	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WRIGHT, THOMAS D 9711 OVERSEAS HWY MARATHON, FL 33050				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
				FL Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	VP	<input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KIRWIN, DAVID			NAME	
STREET ADDRESS	5800 OVERSEAS HWY, #4			STREET ADDRESS	
CITY-ST-ZIP	MARATHON, FL 33050			CITY-ST-ZIP	
TITLE	T	<input type="checkbox"/> Delete		TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	INGHREM, JOANN			NAME	INGHREM, JOANN
STREET ADDRESS	1580 52ND ST GULF			STREET ADDRESS	
CITY-ST-ZIP	MARATHON, FL 33050			CITY-ST-ZIP	
TITLE	S	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MANZ, SALLY			NAME	
STREET ADDRESS	7705 WAHOO DRIVE			STREET ADDRESS	
CITY-ST-ZIP	MARATHON, FL 33050			CITY-ST-ZIP	
TITLE	VP	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHINDLER, MARV			NAME	
STREET ADDRESS	373 STIRRUP KEY BOULEVARD			STREET ADDRESS	
CITY-ST-ZIP	MARATHON, FL 33050			CITY-ST-ZIP	
TITLE	P	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WRIGHT, THOMAS D			NAME	
STREET ADDRESS	9711 OVERSEAS HWY			STREET ADDRESS	
CITY-ST-ZIP	MARATHON, FL 33050			CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
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: <u>JoAnn Inghrem</u> <u>JoAnn Inghrem</u> <u>1-11-06</u> <u>305 7435454</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					