2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2011
Secretary of State

DOCUMENT# 702779

Entity Name: SOUTH LAKE MEMORIAL HOSPITAL INC

Current Principal Place of Business:

1900 DON WICKHAM DRIVE
CLERMONT, FL 34711

New Principal Place of Business:

Current Mailing Address:

1900 DON WICKHAM DRIVE
CLERMONT, FL 34711

New Mailing Address:

FEI Number: 59-0571600 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LONGACRE, LESLIE
1900 DON WICKHAM DRIVE
CLERMONT, FL 34711 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: PD
Name: KESSELRING, KASEY
Address: 17127 9TH STREET
City-St-Zip: MONTVERDE, FL 34756

Title: VD
Name: SMITH, LINDA
Address: 1323 BRIARHAVEN LANE
City-St-Zip: CLERMONT, FL 34711

Title: TD
Name: DRAWDY, RODNEY
Address: PO BOX 911
City-St-Zip: GROVELAND, FL 34736

Title: S
Name: LIMA, ERIKA
Address: 1900 DON WICKHAM DRIVE
City-St-Zip: CLERMONT, FL 34711

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: LESLIE LONGACRE CEO 02/16/2011
Electronic Signature of Signing Officer or Director Date