

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 703100

FILED
Mar 26, 2012
Secretary of State

Entity Name: WINTER HAVEN HOSPITAL, INC.

Current Principal Place of Business:

200 AVENUE F NORTHEAST
WINTER HAVEN, FL 33881 US

New Principal Place of Business:

Current Mailing Address:

200 AVENUE F NORTHEAST
WINTER HAVEN, FL 33881 US

New Mailing Address:

FEI Number: 59-0724462

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ANASTASIO, LANCE CEO
200 AVENUE F NORTHEAST
WINTER HAVEN, FL 33881 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: C
Name: BOSTICK, MARK
Address: P.O. BOX 832, 27 MT LAKE
City-St-Zip: LAKE WALES, FL 33859

Title: 1VC
Name: SWAIN, BRIAN K
Address: 400 AVE K, SE, SUITE #3
City-St-Zip: WINTER HAVEN, FL 33885

Title: 2VC
Name: STRAUGHN, RICHARD
Address: 810 POINTE COURT
City-St-Zip: WINTER HAVEN, FL 33884

Title: 3VC
Name: CARTER, ROBERT C
Address: 1312 MIRROR TERRACE, NW
City-St-Zip: WINTER HAVEN, FL 33881

Title: S
Name: INGRAM, DON
Address: 7 HICKORY WAY
City-St-Zip: WINTER HAVEN, FL 33884

Title: AS
Name: HOLDEN, EILEEN
Address: 4025 PALMA CEIA
City-St-Zip: WINTER HAVEN, FL 33884

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: LANCE ANASTASIO

CEO

03/26/2012

Electronic Signature of Signing Officer or Director

Date