

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 705245

FILED
Mar 30, 2012
Secretary of State

Entity Name: SACRED HEART HEALTH SYSTEM, INC.

Current Principal Place of Business:

5151 NORTH NINTH AVENUE
PENSACOLA, FL 32504

New Principal Place of Business:

Current Mailing Address:

5151 NORTH NINTH AVENUE
PENSACOLA, FL 32504

New Mailing Address:

FEI Number: 59-0634434

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

EMMANUEL, KAREN O
SACRED HEART HEALTH SYSTEM, INC.
5151 NORTH NINTH AVENUE
PENSACOLA, FL 32504 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: DAVIS, SUSAN
Address: 5151 N. 9TH AVENUE
City-St-Zip: PENSACOLA, FL 32504

Title: D
Name: EMMANUEL, ROBERT
Address: 30 SOUTH SPRING STREET
City-St-Zip: PENSACOLA, FL 32501

Title: CD
Name: NICKELSEN, ERIC
Address: 5151 NORTH NINTH AVENUE
City-St-Zip: PENSACOLA, FL 32504

Title: VC
Name: GREENHUT, BILL H
Address: 23 SOUTH
City-St-Zip: PENSACOLA, FL 32502

Title: D
Name: CARLAN, CAROL H
Address: 4300 BAYOU BOULEVARD, SUITE 31-B
City-St-Zip: PENSACOLA, FL 32503

Title: D
Name: CHRISTIE, GERALD J
Address: 1348 EMERALD BAY DRIVE
City-St-Zip: DESTIN, FL 32541

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: BUDDY ELMORE

CFO

03/30/2012

Electronic Signature of Signing Officer or Director

Date