

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 706625

FILED
Feb 15, 2011
Secretary of State

Entity Name: BOCA GRANDE HEALTH CLINIC, INC.

Current Principal Place of Business:

320 PARK AVENUE
BOCA GRANDE, FL 33921

New Principal Place of Business:

Current Mailing Address:

PO BOX 517
BOCA GRANDE, FL 33921

New Mailing Address:

FEI Number: 59-0966089

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SIELERT, JOHN R, CEO
1420 SEA FAN DRIVE
PUNTA GORDA, FL 33950 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: P
Name: AGGER, JAMES
Address: 1601 JEAN LAFITTE DRIVE
City-St-Zip: BOCA GRANDE, FL 33921

Title: VP/S
Name: ANDERSON, YVONNE
Address: 16101 SUNSET PINES
City-St-Zip: BOCA GRANDE, FL 33921

Title: T
Name: BENNETT, MARCUS
Address: 16440 GULF SHORES DRIVE
City-St-Zip: BOCA GRANDE, FL 33921

Title: D
Name: AMBROSIUS, MARK
Address: 5000 GASPARILLA ROAD
City-St-Zip: BOCA GRANDE, FL 33921

Title: D
Name: MAYER, DIANE
Address: 260 WATERWAYS AVENUE
City-St-Zip: BOCA GRANDE, FL 33921

Title: D
Name: SULLIVAN, DONALD
Address: 4015 SHORE LANE
City-St-Zip: BOCA GRANDE, FL 33921

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: JOHN R SIELERT

CEO

02/15/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date