

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 730596

FILED
Apr 21, 2009
Secretary of State

Entity Name: THE MEDICAL CENTER AT OCEAN REEF, INC.

Current Principal Place of Business:

50 BARRACUDA LANE
KEY LARGO, FL 33037

New Principal Place of Business:

Current Mailing Address:

50 BARRACUDA LANE
KEY LARGO, FL 33037

New Mailing Address:

FEI Number: 23-7438190

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AUERBACH, MARC
201 SO BISCAYNE BLVD
38TH FLR
MIAMI, FL 33131 US

Name and Address of New Registered Agent:

YOUNG, KEITH
50 BARRACUDA LANE
KEY LARGO, FL 33037 US

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: KEITH YOUNG

04/21/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: ATS () Delete
Name: YOUNG, KEITH
Address: 1601 SE 17TH AVE
City-St-Zip: HOMESTEAD, FL 33035

Title: S () Delete
Name: SKOGLUND, ADELAIDE
Address: 17 CARD SOUND
City-St-Zip: KEY LARGO, FL 33037

Title: C () Delete
Name: HOLMES, JAY T
Address: 42 SPADEFISH LN
City-St-Zip: KEY LARGO, FL 33037

Title: V () Delete
Name: LEE, PATRICK
Address: 13 SUNRISE CAY DR
City-St-Zip: KEY LARGO, FL 33037

Title: T () Delete
Name: MEENAN, JAMES
Address: 24 DOCKSIDE LN #240
City-St-Zip: KEY LARGO, FL 33037

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: C (X) Change () Addition
Name: LEE, PATRICK
Address: 13 SUNRISE CAY DRIVE
City-St-Zip: KEY LARGO, FL 33037

Title: VC (X) Change () Addition
Name: MEENAN, JAMES
Address: 24 DOCKSIDE LANE #240
City-St-Zip: KEY LARGO, FL 33037

Title: T (X) Change () Addition
Name: RUFFING, ARTHUR
Address: 50 CLUBHOUSE ROAD, #48
City-St-Zip: KEY LARGO, FL 33037

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: KEITH YOUNG

ATS

04/21/2009

Electronic Signature of Signing Officer or Director

Date