2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 21, 2012
Secretary of State

DOCUMENT# 739050

Entity Name: COLLIER HEALTH SERVICES, INC.

Current Principal Place of Business:

1454 MADISON AVE WEST
IMMOKALEE, FL 34142 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 873
IMMOKALEE, FL 34143 US

New Mailing Address:

P O BOX 870
IMMOKALEE, FL 34143 US

FEI Number: 59-1741277 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DILLON, WILLIAM
2618 CENTENNIAL PL
TALLAHASSEE, FL 32308 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: RICE, RICHARD
Address: 1247 MADISON CT
City-St-Zip: IMMOKALEE, FL 34142 US

Title: T
Name: OLESKY, EDWARD
Address: 6001 LAKE TRAFFORD RD
City-St-Zip: IMMOKALEE, FL 34142 US

Title: S
Name: HEERS, RICHARD L
Address: 507 NORTH 18TH STREET
City-St-Zip: IMMOKALEE, FL 34142

Title: EV
Name: WEINMAN, STEVEN D
Address: 1454 MADISON AVENUE
City-St-Zip: IMMOKALEE, FL 34142

Title: PCEO
Name: AKIN, RICHARD B
Address: 1454 MADISON AVENUE
City-St-Zip: IMMOKALEE, FL 34142

Title: CFO
Name: STEELE, SANDRA
Address: 1454 MADISON AVENUE
City-St-Zip: IMMOKALEE, FL 34142

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: SANDRA STEELE CFO 02/21/2012

Electronic Signature of Signing Officer or Director Date