2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2011
Secretary of State

DOCUMENT# 740885

Entity Name: ALLIANCE HEALTHCARE FOUNDATION, INC.

Current Principal Place of Business:

600 E. DIXIE AVE.
LEESBURG, FL 34748

New Principal Place of Business:

Current Mailing Address:

609 W. DIXIE AVENUE
LEESBURG, FL 34748

New Mailing Address:

FEI Number: 59-1800743 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BRAUN, PHILIP J
940 LAKE SHORE DRIVE - STE. 200
THE VILLAGES, FL 32162 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: REARDON, ROBERT JR.
Address: 40209 MORNING MIST DRIVE
City-St-Zip: LADY LAKE, FL 32159

Title: S
Name: MAZE, JOHN
Address: 10846 VERSAILLES BLVD
City-St-Zip: CLERMONT, FL 34711

Title: VC
Name: SANDLER, TERRI
Address: 2013 ALLENDE AVENUE
City-St-Zip: THE VILLAGES, FL 32159

Title: T
Name: LINDGREN, RICHARD
Address: PO BOX 490032
City-St-Zip: LEESBURG, FL 34748

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: DALE E. HOCKING AS 01/12/2011
Electronic Signature of Signing Officer or Director Date