

2012 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
May 07, 2012
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:**1501 N US HWY 441
1802
THE VILLAGES, FL 32159**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
301 WEST OAK TERRACE DRIVE
LEESBURG, FL 34748 US**Name and Address of New Registered Agent:**BRAUN, PHILIP J
600 EAST DIXIE AVENUE
LEESBURG, FL 34748 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: PHILIP J. BRAUN

05/07/2012

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: C
Name: TUCKER, GERALD
Address: 1519 BRIER CREEK CIRCLE
City-St-Zip: THE VILLAGES, FL 32159

Title: VC
Name: WINKER, LYNNE
Address: 2701 S BAY STREET
City-St-Zip: EUSTIS, FL 32726

Title: T
Name: WEST, RANDALL
Address: 11962 CR 101 STE 303
City-St-Zip: THE VILLAGES, FL 32162

Title: S
Name: WILHIDE, BEVERLY
Address: 1638 BLACK LAKE DRIVE
City-St-Zip: THE VILLAGES, FL 32162

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: PHILIP J. BRAUN

RA

05/07/2012

Electronic Signature of Signing Officer or Director

Date