

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 747197

FILED
Jan 06, 2009
Secretary of State

Entity Name: MARINERS HOSPITAL, INC.

Current Principal Place of Business:

91500 OVERSEAS HIGHWAY
TAVERNIER, FL 33070 US

New Principal Place of Business:

Current Mailing Address:

91500 OVERSEAS HIGHWAY
TAVERNIER, FL 33070 US

New Mailing Address:

FEI Number: 59-1987355

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FRIEDMAN, DAVID R
6855 RED RD.
CORAL GABLES, FL 33143 US

Name and Address of New Registered Agent:

FRIEDMAN, DAVID R
6855 RED RD.
SUITE 600
CORAL GABLES, FL 33143 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: DAVID R. FRIEDMAN, ESQ.

01/06/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: CD () Delete
Name: HERSHOFF, JAY
Address: 91500 OVERSEAS HIGHWAY
City-St-Zip: TAVERNIER, FL 33070

Title: T () Delete
Name: DICKINSON, WILLIAM
Address: 91500 OVERSEAS HIGHWAY
City-St-Zip: TAVERNIER, FL 33070

Title: SD () Delete
Name: REGAN, CHARLEN
Address: 91500 OVERSEAS HIGHWAY
City-St-Zip: TAVERNIER, FL 33070

Title: VD () Delete
Name: JOHNSON, DAVID
Address: 91500 OVERSEAS HIGHWAY
City-St-Zip: TAVERNIER, FL 33070

Title: CEO (X) Delete
Name: LAZO, NELSON
Address: 91500 OVERSEAS HIGHWAY
City-St-Zip: TAVERNIER, FL 33070

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CEO (X) Change () Addition
Name: LAZO, NELSON
Address: 91500 OVERSEAS HIGHWAY
City-St-Zip: TAVERNIER, FL 33070

Title: C (X) Change () Addition
Name: HERSHOFF, JAY A
Address: 91500 OVERSEAS HIGHWAY
City-St-Zip: TAVERNIER, FL 33070

Title: VC (X) Change () Addition
Name: JOHNSON, DAVID P
Address: 91500 OVERSEAS HIGHWAY
City-St-Zip: TAVERNIER, FL 33070

Title: S (X) Change () Addition
Name: REGAN, CHARLEN
Address: 91500 OVERSEAS HIGHWAY
City-St-Zip: TAVERNIER, FL 33070

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

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: NELSON LAZO

CEO

01/06/2009

Electronic Signature of Signing Officer or Director

Date