2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#754029

FILED Feb 17, 2011 Secretary of State

Entity Name: SEVEN RIVERS MEDICAL AND EDUCATIONAL FOUNDATION, INC.

Current Principal Place of Business: New Principal Place of Business:

6201 N. SUNCAST BLVD CRYSTAL RIVER, FL 34428 US

Current Mailing Address: New Mailing Address:

P. O. BOX 232

CRYSTAL RIVER, FL 34423 US

FEI Number: 59-2074329 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

STACKLIN, LIZ 244 PALM STREET INGLIS, FL 34449 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:

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: F

 Name:
 COLSON, MARJORIE

 Address:
 1601 S.E. 8TH AVE., #325

 City-St-Zip:
 CRYSTAL RIVER, FL 34429

Title: ∨

Name: SCHEMPF, COREEN
Address: 3790 W. GERALDINE DR
City-St-Zip: CITRUS SPRINGS, FL 34433

Title: S

Name: COOPER, JACQUELYN

Address: 94 WINDING RIVER LANE, PO BOX 1290

City-St-Zip: INGLIS, FL 34449

Title: T

Name: COOPER, RONALD

Address: 94 WINDING RIVER LN, PO BOX 1290

City-St-Zip: INGLIS, FL 34449

Title:

Name: CWIK, GREG
Address: 6 DEERWOOD DR.
City-St-Zip: HOMOSASSA, FL 34446

Title: [

Name: STACKLIN, LIZ
Address: 244 PALM ST
City-St-Zip: INGLIS, FL 34449

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: RONALD COOPER TREA 02/17/2011