2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 08, 2008
Secretary of State

DOCUMENT# 754848

Entity Name: SPACE COAST HOSPITAL SERVICES, INC.

Current Principal Place of Business:

1895 MURRELL RD
ROCKLEDGE, FL 32955

New Principal Place of Business:

Current Mailing Address:

1895 MURRELL RD
ROCKLEDGE, FL 32955

New Mailing Address:

FEI Number: 59-2135377 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

CAREY, WILLIAM J
1895 MURRELL RD
ROCKLEDGE, FL 32955 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: CD ( ) Delete
Name: FAYER, GEORGE
Address: 1895 MURRELL ROAD
City-St-Zip: ROCKLEDGE, FL 32955

Title: CD ( ) Delete
Name: LEWIS, GEORGE
Address: P.O. BOX 321350
City-St-Zip: COCOA BEACH, FL 32932

Title: P ( ) Delete
Name: CAREY, WILLIAM
Address: 1895 MURRELL ROAD
City-St-Zip: ROCKLEDGE,, FL 32955

Title: S ( ) Delete
Name: ANDERSON, ROBERT
Address: 1895 MURRELL ROAD
City-St-Zip: ROCKLEDGE,, FL 32955

Title: T ( ) Delete
Name: MCKENNA, MR. DON
Address: 1895 MURRELL ROAD
City-St-Zip: ROCKLEDGE,, FL 32955

Title: VCD ( ) Delete
Name: GARRISON, LARRY
Address: 1895 MURRELL ROAD
City-St-Zip: ROCKLEDGE,, FL 32955

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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: WILLIAM CAREY PRES 05/08/2008

Electronic Signature of Signing Officer or Director — Date