

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 754848

**FILED**  
**Aug 10, 2010**  
**Secretary of State**

**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 ( )**

**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  
Name: ANDERSON, ROBERT  
Address: 1895 MURRELL ROAD  
City-St-Zip: ROCKLEDGE, FL 32955

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

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

Title: S  
Name: FAYER, GEORGE  
Address: 1895 MURRELL ROAD  
City-St-Zip: ROCKLEDGE,, FL 32955

Title: T  
Name: BULNES, SANTI  
Address: 1895 MURRELL ROAD  
City-St-Zip: ROCKLEDGE,, FL 32955

Title: AS  
Name: GARRISON, LARRY  
Address: 1895 MURRELL ROAD  
City-St-Zip: ROCKLEDGE,, FL 32955

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: CAROLYN HOE

CFO

08/10/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date