2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 06, 2011
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 ( )**

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: LEWIS, GEORGE
Address: 1895 MURRELL ROAD
City-St-Zip: ROCKLEDGE, FL 32955

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

Title: T
Name: MEANS, MIKE
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 09/06/2011

Electronic Signature of Signing Officer or Director — Date