2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Jul 21, 2008 8:00 am Secretary of State 07-21-2008 90029 014 ****61.25

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1. Entity Nam POLK GE		HOSPITAL FOUND	DATION, II	NC.							
2135 MARSHALL EDWARDS DR. 2135		2135 MA	ling Address 35 MARSHALL EDWARDS DR. RTOW, FL 33830 US			darrio	-				
2. Principal P	Place of Busin	ness - No P.O. Box #	3. Mailing	Address		<u> </u>					
Suite, Apt. #, etc. Suit			Suite, A	Suite, Apt. #, etc.			07102008 C	hg-NP	CR2E0	37 (12/06)	
City & State		City & S	City & State			4. FEI Number 23-72423	99		\rightarrow	pplied For ot Applicable	
Zìp		Country	Zip		Country		5. Certificate of S			\$8.75 Ad Fee Require	
	6. Name	e and Address of Current I	Registered A	gent	Name		7. Name and Ad	dress of New R	Registered	Agent	
CASEY, A 395 AVEN WINTER H	UE C, N.V					ddress (P.O. Box Number is	Not Acceptable	e)		
		•			City					Zip Cod	de
, 75		ty submits this statement for	**						FL	<u>- L</u>	
SIGNATURE		d or printed name of registered agent a	and title if applicable	. (NOTE: Ri	egistered Agent signat				DATE		
··	Filina Fe	ee is \$61.25		Election Campa		ure required				k pavable t	
D	_	ee is \$61.25 ptember 12, 2008	,	Election Campa Trust Fund Con	aign Financing	ure required	\$5.00 May Be Added to Fees		lake chec	k payable t	
10.	ue by Sep			Trust Fund Con	aign Financing htribution.		\$5.00 May Be	Floi	lake chec rida Depa	rtment of S	N 10
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I hereby certify that the information supplied with this filling does not qualify for the exemptions contained 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 signature shall have the same legal effect as if made under oath; that I am an officer or director of the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

GNATURE:

SIGNATURE AND THEO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Date

Date

Date

District Control of Statutes and Statutes and

SIGNATURE: