

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 763952

FILED
Apr 10, 2009
Secretary of State

Entity Name: GREENWOOD MEDICAL CENTER, INC.

Current Principal Place of Business:

3684 TAMPA RD STE 6
OLDSMAR, FL 34677

New Principal Place of Business:

2180 WEST SR 434
SUITE 5000
LONGWOOD, FL 32779

Current Mailing Address:

3684 TAMPA RD STE 6
OLDSMAR, FL 34677

New Mailing Address:

2180 WEST SR 434
SUITE 5000
LONGWOOD, FL 32779

FEI Number: 59-3714034

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GALBRAITH, CHARLA J
3684 TAMPA RD, S TE 6
OLDSMAR, FL 34677 US

Name and Address of New Registered Agent:

HART, JAMES W JR
SENTRY MANAGEMENT INC
2180 WEST SR 434 SUITE 5000
LONGWOOD, FL 32779 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: JAMES W HART JR

04/10/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VPD () Delete
Name: SILVERMAN, MARC
Address: 3684 TAMPA ROAD, SUITE 6
City-St-Zip: OLDSMAR, FL 34684

Title: PD () Delete
Name: BROSIOS, JAMES
Address: 3684 TAMPA ROAD, SUITE 6
City-St-Zip: OLDSMAR, FL 34677

Title: TSD () Delete
Name: ALBERS, LYNN
Address: 3684 TAMPA ROAD, SUITE 6
City-St-Zip: OLDSMAR, FL 34677

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: SILVERMAN, MARC
Address: 509 S MARTIN LUTHER KING JR AVE
City-St-Zip: CLEARWATER, FL 33756

Title: VPD (X) Change () Addition
Name: ALBERT, LYNN
Address: 521 S MARTIN LUTHER KING JR AVE
City-St-Zip: CLEARWATER, FL 33756

Title: TSD (X) Change () Addition
Name: BARLETTA, ANN M
Address: 503 S MARTIN LUTHER KING JR AVE
City-St-Zip: CLEARWATER, FL 33756

Title: D () Change (X) Addition
Name: BROSIOS, JIM
Address: 1111 TUSCANY DR
City-St-Zip: TRINITY, FL 34655

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: MARC SILVERMAN

PD

04/10/2009

Electronic Signature of Signing Officer or Director

Date