2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 765217

FILED Jan 11, 2012 Secretary of State

Entity Name: PAX CHRISTI FLORIDA, INC.

Current Principal Place of Business: New Principal Place of Business:

505 PALM AVENUE 505 PALM AVENUE

ELLENTON, FL 34222 US MERCY-ON-THE-MANATEE ELLENTON, FL 34222 US

Current Mailing Address: New Mailing Address:

505 PALM AVENUE 505 PALM AVENUE

ELLENTON, FL 34222 US MERCY-ON-THE-MANATEE ELLENTON, FL 34222 US

FEI Number: 59-2259456 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

BREYER, LEE J DR.

505 PALM AVENUE

ELLENTON, FL 34222 US

BREYER, LEE J DR.

505 PALM AVENUE

MERCY-ON-THE-MANATEE

LLENTON, FL 34222 US MERCY-ON-THE-MANATE ELLENTON, FL 34222 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: DR. LEE J. BREYER 01/11/2012

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: DP

 Name:
 O'BYRNE, NANCY MS

 Address:
 5308 SECOND STREET

 City-St-Zip:
 ST. AUGUSTINE, FL 32080 US

Title: PPD

 Name:
 BREYER, CAROL ANN DR.

 Address:
 505 PALM AVENUE

 City-St-Zip:
 ELLENTON, FL 34222 US

Title: TD

Name: BREYER, LEE J DR.
Address: 505 PALM AVENUE
City-St-Zip: ELLENTON, FL 34222 US

Title: IT

Name: PHYLLIS, JEPSON MS Address: 442 33RD STREET

City-St-Zip: WEST PALM BEACH, FL 33407 US

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: LEE J. BREYER DR. 01/11/2012