

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 770109

FILED
Feb 22, 2011
Secretary of State

Entity Name: MARCO ISLAND HOSPITAL, INC.

Current Principal Place of Business:

40 HEATHWOOD DRIVE
MARCO ISLAND, FL 34145

New Principal Place of Business:

Current Mailing Address:

PO BOX 727
NAPLES, FL 34106

New Mailing Address:

FEI Number: 59-2315435 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

COOPER, KEVIN D
350 7TH STREET NORTH
NAPLES, FL 341023396 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: O
Name: KAUFFMAN, JAMES B
Address: 40 HEATHWOOD DRIVE
City-St-Zip: MARCO ISLAND, FL 34145

Title: O
Name: MERRIAM, ALLEN III
Address: 40 HEATHWOOD DRIVE
City-St-Zip: MARCO ISLAND, FL 34145

Title: O
Name: DIAZ, AL
Address: 40 HEATHWOOD DRIVE
City-St-Zip: MARCO ISLAND, FL 34145

Title: O
Name: WOOD, BROOKS
Address: 40 HEATHWOOD DRIVE
City-St-Zip: MARCO ISLAND, FL 34145

Title: PCEO
Name: WEISS, ALLEN S MD
Address: 350 7TH ST N
City-St-Zip: NAPLES, FL 34102

Title: COS
Name: COOPER, KEVIN D
Address: 350 7TH ST N
City-St-Zip: NAPLES, FL 34102

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: KEVIN D. COOPER

MR.

02/22/2011

Electronic Signature of Signing Officer or Director

Date