2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2011
Secretary of State

DOCUMENT# F03000000641

Entity Name: PROMISE HOSPITAL OF LEE, INC.

Current Principal Place of Business:

999 YAMATO ROAD
THIRD FLOOR
BOCA RATON, FL 33431

New Principal Place of Business:

Current Mailing Address:

999 YAMATO ROAD
THIRD FLOOR
BOCA RATON, FL 33431

New Mailing Address:

FEI Number: 03-0508552 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ARMSTRONG, DAVID J EVP
999 YAMATO ROAD, THIRD FLOOR
BOCA RATON, FL 33431 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: BARONOFF, PETER
Address: 999 YAMATO ROAD, 3RD FLOOR
City-St-Zip: BOCA RATON, FL 33431

Title: P
Name: KOSLOW, HOWARD
Address: 999 YAMATO ROAD, 3RD FLOOR
City-St-Zip: BOCA RATON, FL 33431

Title: S/D
Name: LEDER, LAWRENCE
Address: 999 YAMATO ROAD, 3RD FLOOR
City-St-Zip: BOCA RATON, FL 33431

Title: CMOD
Name: DAWSON, MARK
Address: 999 YAMATO RD, 3RD FLOOR
City-St-Zip: BOCA RATON, FL 33431

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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: DAVID J. ARMSTRONG EVP 04/20/2011

Electronic Signature of Signing Officer or Director — Date