
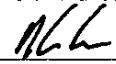


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2007 8:00 am**  
**Secretary of State**

05-01-2007 90026 007 \*\*\*150.00

<b>DOCUMENT # H35576</b> 1. Entity Name <b>HEALTH RESOURCES CORPORATION</b>					
Principal Place of Business <b>350 7TH ST. NORTH NAPLES, FL 33940</b>			Mailing Address <b>P.O. BOX 727 NAPLES, FL 34106</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State  Zip      Country		City & State  Zip      Country		4. FEI Number <b>59-2568003</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
<b>6. Name and Address of Current Registered Agent</b>  <b>COOPER, KEVIN 350 7TH STREET NORTH NAPLES, FL 34102</b>			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)      DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BAKER, JAY</b> <b>350 7TH ST. NORTH</b> <b>NAPLES, FL 34105</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>STD</b> <b>CENSITIS, RICHARD</b> <b>350 7TH ST. NORTH</b> <b>NAPLES, FL 34105</b> <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>STD</b> <b>STEDEM, EDWIN</b> <b>350 7TH STREET NORTH</b> <b>NAPLES, FL 34102</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>PERKOVICH, JOSEPH</b> <b>350 7TH STREET NORTH</b> <b>NAPLES, FL 34102</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CEO</b> <b>MORTON, EDWARD A.</b> <b>350 7TH ST NORTH</b> <b>NAPLES, FL</b> <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PRESIDENT &amp; CEO</b> <b>WEISS, ALLEN S. M.D.</b> <b>350 7TH STREET NORTH</b> <b>NAPLES, FL 34102</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AS</b> <b>BENNETT, CYNTHIA</b> <b>350 7TH STREET NORTH</b> <b>NAPLES, FL 34102</b> <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AS</b> <b>MARTIN, BETH A.</b> <b>350 7TH STREET NORTH</b> <b>NAPLES, FL 34102</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>DERNBACH, PAUL MD</b> <b>350 7TH STREET NORTH</b> <b>NAPLES, FL 34102</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing 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 corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, 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.					
<b>SIGNATURE:</b> 		<b>Kevin Cooper</b>		<b>4/20/07</b> <b>239-436-5100</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	

**Health Resources Corporation**  
**2007 Board of Directors**

ATTACHMENT

40095320

# H35576

Daniel Baer  
350 7<sup>th</sup> Street North  
Naples, FL 34102  
Director

William E. Bindley  
350 7<sup>th</sup> Street North  
Naples, FL 34102  
Director

Richard Bodman  
350 7<sup>th</sup> Street North  
Naples, FL 34102  
Director

Linda C. Flewelling  
350 7<sup>th</sup> Street North  
Naples, FL 34102  
Director

Thomas Gazdic  
350 7<sup>th</sup> Street North  
Naples, FL 34102  
Director

Daniel Gill  
350 7<sup>th</sup> Street North  
Naples, FL 34102  
Director

Arnold S. Lerner  
350 7<sup>th</sup> Street North  
Naples, FL 34102  
Director

John M. Morrison  
350 7<sup>th</sup> Street North  
Naples, FL 34102  
Director

Richard Roland, M.D.  
350 7<sup>th</sup> Street North  
Naples, FL 34102  
Director

Stephen L. Schwartz  
350 7<sup>th</sup> Street North  
Naples, FL 34102  
1<sup>st</sup> Vice Chair/Director

Carl E. Westman  
350 7<sup>th</sup> Street North  
Naples, FL 34102  
Chairman/Director

Kevin D. Cooper  
350 7<sup>th</sup> Street North  
Naples, FL 34102  
General Counsel/Chief of Staff

Gail A. Dolan  
350 7<sup>th</sup> Street North  
Naples, FL 34102  
COO-North Naples Hospital

Phillip C. Dutcher  
350 7<sup>th</sup> Street North  
Naples, FL 34102  
COO-NCH Downtown Hospital

Vicki Hale  
350 7<sup>th</sup> Street North  
Naples, FL 34102  
CFO/Assistant Treasurer

Brian C.G. Settle  
350 7<sup>th</sup> Street North  
Naples, FL 34102  
Chief Human Resources Officer

Carrie A. Skifton  
350 7<sup>th</sup> Street North  
Naples, FL 34102  
Chief Nursing & Clinical Officer

Susan Wolff  
350 7<sup>th</sup> Street North  
Naples, FL 34102  
Chief Information Officer