

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J22384

FILED  
Jan 11, 2011  
Secretary of State

**Entity Name:** VENTURE HEALTH CARE CORPORATION

**Current Principal Place of Business:**

600 E. DIXIE AVENUE  
LEESBURG, FL 34748

**New Principal Place of Business:**

**Current Mailing Address:**

600 E. DIXIE AVENUE  
LEESBURG, FL 34748

**New Mailing Address:**

**FEI Number:** 59-2689702

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BRAUN, PHILLIP ESQ.  
940 LAKE SHORE DRIVE - STE. 200  
THE VILLAGES, FL 32162 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: PCEO  
Name: HUNTLEY, LEE S  
Address: 940 LAKE SHORE DRIVE, SUITE 200  
City-St-Zip: THE VILLAGES, FL 32162

Title: ST  
Name: HOCKING, DALE E CPA/SVP  
Address: 940 LAKE SHORE DRIVE, SUITE 200  
City-St-Zip: THE VILLAGES,, FL 32162

Title: C  
Name: SUSTARSIC, DAVID L MD  
Address: 511 MEDICAL PLAZA DRIVE  
City-St-Zip: LEESBURG, FL 34748

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: DALE E. HOCKING

ST

01/11/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date