

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K62936

FILED
Apr 25, 2012
Secretary of State

Entity Name: ENGLEWOOD MEDICAL CENTER, INC.

Current Principal Place of Business:

655 NORTH INDIANA AVE
ENGLEWOOD, FL 34223

New Principal Place of Business:

655 NORTH INDIANA AVE
ENGLEWOOD, FL 34223 US

Current Mailing Address:

655 NORTH INDIANA AVE
ENGLEWOOD, FL 34223

New Mailing Address:

FEI Number: 65-0093817 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

IZZO, JOHN P.
773 S. INDIANA AVE STE A
ENGLEWOOD, FL 34223 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: D
Name: EAGAR, CHARLES
Address: 655 N.INDIANA AVE.
City-St-Zip: ENGLEWOOD, FL 34223 US

Title: D
Name: EAGAR, DIANA
Address: 655 N.INDIANA AVE
City-St-Zip: ENGLEWOOD, FL 34223 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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: CHARLES EAGAR

D

04/25/2012

Electronic Signature of Signing Officer or Director

Date