2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 30, 2012
Secretary of State

DOCUMENT# N00667

Entity Name: THE MOTHER SETON GUILD OF SACRED HEART HOSPITAL,INC.

Current Principal Place of Business:

5151 NORTH NINTH AVE.
PENSACOLA, FL 32504

New Principal Place of Business:

Current Mailing Address:

5151 NORTH NINTH AVE.
PENSACOLA, FL 32504

New Mailing Address:

FEI Number: 59-2356341 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

EMMAUEL, KAREN O
5151 N 9TH AVE
PENSACOLA, FL 32504 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: P
Name: KNOWLES, HAROLD
Address: 2120 VARIAN COURT
City-St-Zip: PENSACOLA, FL 32504

Title: TD
Name: SHEARER, GERRY
Address: 5437 DYNASTY DRIVE
City-St-Zip: PENSACOLA, FL 32504

Title: S
Name: HIRSCHORN, BRENDA
Address: 10067 HUNTSMAN PATH
City-St-Zip: PENSACOLA, FL 32514

Title: S
Name: DAVIS, LOUISE
Address: 3631 OVERLAND DR
City-St-Zip: PENSACOLA, FL 32504

Title: PE
Name: DEWINE, JAMES
Address: 1200 FT. PICKENS ROAD #1A
City-St-Zip: PENSACOLA BEACH, FL 32561

Title: AT
Name: BYRD, MINNIE
Address: 2550 NORTH 15TH AVENUE
City-St-Zip: PENSACOLA, FL 32503

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: GERRY SHEARER T 03/30/2012
Electronic Signature of Signing Officer or Director — Date