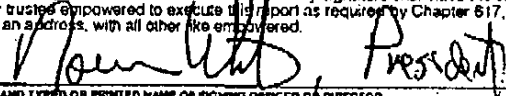


Apr. 1. 2005 12:39PM LAKE WALES MEDICAL CENTERS

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Apr 06, 2005 8:00 am
Secretary of State

04-06-2005 90096 001 ****70.00

DOCUMENT # N02000006778			
1. Entity Name GREATER LAKE WALES HEALTH CARE FOUNDATION, INC.			
Principal Place of Business 410 11TH STREET SOUTH LAKE WALES FL 33853		Mailing Address 410 11TH STREET SOUTH LAKE WALES FL 33853	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 14-1849586		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent WHITE, NORMAN 3431 HARBOR BEACH DRIVE LAKE WALES FL 33859		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE			
FILE NOW: FEE IS \$61.25 Due By May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
		Make Check Payable to Florida Department of State	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	TC HUNT, G. ELLIS 932 S LAKESHORE BLVD LAKE WALES FL 33853 ☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	T CASINGAL, EDUARDO 1008 YARNELL AVE. LAKE WALES, FL 33853 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	TP WHITE, NORMAN 3431 HARBOR BEACH DRIVE LAKE WALES FL 33859 ☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	T LEE A. WHEELER III P.O. BOX 990 LAKE WALES, FL 33853 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	TS RYLAND, THERESA 920 CAMPBELL AVE. LAKE WALES FL 33853 ☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	T BRAUNSTEIN, ROY Z 749 HWY 60 E LAKE WALES, FL 33853 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	TT CONNELL, JOE M 1104 CIRCLE DRIVE LAKE WALES FL 33853-0832 ☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	T WILLIAMS, JERI S. 410 11TH STREET LAKE WALES, FL 33853 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	T SORENSEN, STEPHEN D 1145 N. LAKESHORE BLVD. LAKE WALES FL 33853 ☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	T J.S. PIERCE, SR. 607 CARVER DR. LAKE WALES, FL 33853 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	T NELSON, JAMES M.O. 1110 DRUID CIRCLE LAKE WALES FL 33853 ☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 617, 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 employed.			
SIGNATURE:  President		Date: 2/18/05	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	