

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000007216

FILED
Mar 09, 2009
Secretary of State

Entity Name: NORTHWOOD HEALTHCARE FOUNDATION, INC.

Current Principal Place of Business:

2800 BROADWAY
WEST PALM BEACH, FL 33407

New Principal Place of Business:

Current Mailing Address:

129 NEWBRIDGE ROAD
HICKSVILLE, NY 11801

New Mailing Address:

FEI Number: 04-3713203

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RABIDEAU, GUY
400 ROYAL PALM WAY
SUITE 410
PALM BEACH, FL 33480 US

Name and Address of New Registered Agent:

RABIDEAU, GUY
400 ROYAL PALM WAY, SUITE 204
PALM BEACH, FL 33480 US

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: GUY RABIDEAU

03/09/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: FISCHER, PETER M
Address: 129 NEWBRIDGE ROAD
City-St-Zip: HICKSVILLE, NY 11801

Title: D () Delete
Name: SNOW, COURTLANDT
Address: 3800 BROADWAY
City-St-Zip: WEST PALM BEACH, FL 33407

Title: D () Delete
Name: WILSON, HAROLD IV
Address: 3135 KINGSWOOD TERRACE
City-St-Zip: BOCA RATON, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: PETER M. FISHER

D

03/09/2009

Electronic Signature of Signing Officer or Director

Date