

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02992

FILED
May 20, 2008
Secretary of State

Entity Name: HAMILTON HEALTH ENTERPRISES, INC.

Current Principal Place of Business:

427 NW 15TH AVENUE
JASPER, FL 32052

New Principal Place of Business:

Current Mailing Address:

427 NW 15TH AVENUE
JASPER, FL 32052

New Mailing Address:

FEI Number: 59-1282610 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

NORRIS, JOHN E.
201 N.MARION ST.
LAKE CITY, FL 32056 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: T () Delete
Name: NORRIS, W BENJAMIN DMD
Address: 423 VICKERS CT
City-St-Zip: JASPER, FL 32052

Title: P () Delete
Name: PEACH, HON. JOHN W.,
Address: 206 SE 2ND AVENUE
City-St-Zip: JASPER, FL

Title: V () Delete
Name: KENNEDY, WALDO
Address: 11496 SE 41ST TR
City-St-Zip: JASPER, FL 32052

Title: D () Delete
Name: MICKLER, F.T., JR.,M, .D.
Address: 218 NE 2ND AVENUE
City-St-Zip: JASPER, FL

Title: SD () Delete
Name: BARKER, DAVID
Address: PO BOX 229
City-St-Zip: JASPER, FL 32052

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:

Title: D (X) Change () Addition
Name: SCAFF, HON. KENNETH, N.
Address: PO BOX 1330
City-St-Zip: JASPER, FL 32052

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: DANNY WILLIAMSON

ADM

05/20/2008

Electronic Signature of Signing Officer or Director

Date