

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02992

FILED
Apr 24, 2012
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 (X)

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: D
Name: NORRIS, BENJAMIN W DMD
Address: 423 VICKERS CT
City-St-Zip: JASPER, FL 32052

Title: V
Name: PEACH, JOHN W
Address: 206 SE 2ND AVENMUE
City-St-Zip: JASPER, FL

Title: P
Name: KENNEDY, WALDO
Address: 11496 SE 41ST TR
City-St-Zip: JASPER, FL 32052

Title: T
Name: DANIELS, KENNETH
Address: PO BOX 1689
City-St-Zip: JASPER, FL 32052

Title: S
Name: BARKER, DAVID
Address: PO BOX 229
City-St-Zip: JASPER, FL 32052

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: DANNY WILLIAMSON

ADM

04/24/2012

Electronic Signature of Signing Officer or Director

Date