2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 05, 2012
Secretary of State

DOCUMENT# N03000003017

Entity Name: BOCA GRANDE HEALTH CLINIC FOUNDATION, INC.

Current Principal Place of Business:

280 PARK AVENUE
BOCA GRANDE, FL 33921

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 2340
BOCA GRANDE, FL 33921

New Mailing Address:

FEI Number: 57-1160149 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HASTINGS, MARY ANNE DIRECTO
280 PARK AVE
BOCA GRANDE, FL 33921 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: VC
Name: MURPHY, JOHN M
Address: 1700 TREASURE LANE
City-St-Zip: BOCA GRANDE, FL 33921

Title: T
Name: BAER, ROBERT A
Address: 1625 GASPAR DRIVE SOUTH
City-St-Zip: BOCA GRANDE, FL 33921

Title: S
Name: HASTINGS, MARY ANNE
Address: 1716 JOSE GASPAR DRIVE
City-St-Zip: BOCA GRANDE, FL 33921

Title: D
Name: HASTINGS, MARY ANNE
Address: 330 PALM AVE
City-St-Zip: BOCA GRANDE, FL 33921

Title: C
Name: HILLENBRAND, JOHN H
Address: 5000 GASPARILLA ROAD #47C
City-St-Zip: BOCA GRANDE, FL 33921

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: MARY ANNE HASTINGS D 01/05/2012

Electronic Signature of Signing Officer or Director Date