

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000006681

FILED
Mar 19, 2009
Secretary of State

Entity Name: SACRED HEART HEALTH VENTURES, INC.

Current Principal Place of Business:

5151 NORTH 9TH AVENUE
PENSACOLA, FL 32504

New Principal Place of Business:

Current Mailing Address:

5151 NORTH 9TH AVENUE
PENSACOLA, FL 32504

New Mailing Address:

FEI Number: 57-1183283

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

EMMANUEL, KAREN O
SACRED HEART HEALTH SYSTEMS, INC
5151 NORTH 9TH AVENUE
PENSACOLA, FL 32504 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: PCD () Delete
Name: MADDEN, PATRICK J
Address: 5151 NORTH NINTH AVE.
City-St-Zip: PENSACOLA, FL 32504

Title: VCD () Delete
Name: HECKATHORN, E. PETER
Address: 5151 NORTH NINTH AVE.
City-St-Zip: PENSACOLA, FL 32504

Title: STD () Delete
Name: ELMORE, BUDDY
Address: 5151 NORTH NINTH AVE.
City-St-Zip: PENSACOLA, FL 32504

Title: D () Delete
Name: BAROCO, PAUL T MD
Address: 5151 NORTH NINTH AVE.
City-St-Zip: PENSACOLA, FL 32504

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: () 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: BUDDY ELMORE

STD

03/19/2009

Electronic Signature of Signing Officer or Director

Date