2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2009
Secretary of State

DOCUMENT# N03000010570

Entity Name: ST. ANDREW COMMUNITY MEDICAL CENTER, INC.

Current Principal Place of Business:

1616 CINCINNATI
PANAMA CITY, FL 32401

New Principal Place of Business:

Current Mailing Address:

1616 CINCINNATI
PANAMA CITY, FL 32401

New Mailing Address:

FEI Number: 32-0103234 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

CLAUNCH, MIKE DR.
3010 W. 15TH STREET
PANAMA CITY, FL 32401 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: PD ( ) Delete
Name: SUMMEY, CAROLE A
Address: 2827 JAMEDON DRIVE
City-St-Zip: PANAMA CITY, FL 32405

Title: VD ( ) Delete
Name: WILLIAMS, CURTIS M.D.
Address: 2414 PRETTY BAYOU DRIVE
City-St-Zip: PANAMA CITY, FL 32405

Title: STD ( ) Delete
Name: MABIUS, BEA
Address: 114 OAK RIDGE PL
City-St-Zip: PANAMA CITY, FL 32408

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: SEC (X) Change ( ) Addition
Name: MABIUS, BEA
Address: 6500 BRIDGE WATER WAY, #501
City-St-Zip: PANAMA CITY BEACH, FL 32407

Title: TR ( ) Change (X) Addition
Name: LEONARD, GENE
Address: 11809 SEASHORE LANE
City-St-Zip: PANAMA CITY BEACH, FL 32407

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: CAROLE A. SUMMEY PD 03/23/2009

Electronic Signature of Signing Officer or Director — Date