

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000010570

FILED
Mar 19, 2011
Secretary of State

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
Name: SUMMEY, CAROLE A
Address: 2827 JAMEDON DRIVE
City-St-Zip: PANAMA CITY, FL 32405

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

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

Title: TR
Name: FLOYD, LEWIS
Address: 4100 MARRIOTT DR. #609
City-St-Zip: PANAMA CITY BEACH, FL 32408

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: CAROLE A. SUMMEY

PRES

03/19/2011

Electronic Signature of Signing Officer or Director

Date