

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2008 8:00 am
Secretary of State

04-16-2008 90014 018 ****61.25

60023783



DOCUMENT # N04000001310 1. Entity Name BAYCARE ALLIANT HOSPITAL, INC.			
Principal Place of Business 16255 BAY VISTA DR CLEARWATER, FL 33760		Mailing Address 16255 BAY VISTA DR CLEARWATER, FL 33760	
2. Principal Place of Business - No P.O. Box # 601 Main Street Suite, Apt. #, etc. MS # 402		3. Mailing Address 601 Main Street Suite, Apt. #, etc. MS # 402	
City & State Dunedin, FL Zip 34698		City & State Dunedin, FL Zip 34698	
Country USA		Country USA	
4. FEI Number 05-0615150		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent INZINA, THOMAS 16255 BAY VISTA DR CLEARWATER, FL 33760		7. Name and Address of New Registered Agent Name Russell, Anita Street Address (P.O. Box Number is Not Acceptable) 601 Main Street MS # 402 City Dunedin FL Zip Code 34698	
8. 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE <u>Anita Russell</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>		DATE <u>3/20/08</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C BOKOR, BRUCE 911 CHESTNUT STREET CLEARWATER, FL 33756	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Ken Hamilton 10 Bay Esplanade Clearwater, FL 34630
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS INZINA, TOMMY 16331 BAY VISTA DR CLEARWATER, FL 33760	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Jane Schafer 300 East Bay Drive Largo, FL 33770
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOWMAN, STEVE 3007 OAK CREEK DRIVE N CLEARWATER, FL 33761	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EVANS, ROBERT 1410 4TH STREET NORTH SAFETY HARBOR, FL 34695	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOLDERITH, ALAN 620 DREW STREET CLEARWATER, FL 33755	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FLAREAU, BRUCE 16255 BAY VISTA DRIVE CLEARWATER, FL 33760	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <u>Anita Russell</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <u>3/20/08</u> Daytime Phone # <u>734-6302</u>	