

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000001310

FILED
Apr 28, 2009
Secretary of State

Entity Name: BAYCARE ALLIANT HOSPITAL, INC.

Current Principal Place of Business:

601 MAIN STREET
MS #402
DUNEDIN, FL 34698

New Principal Place of Business:

Current Mailing Address:

601 MAIN STREET
MS #402
DUNEDIN, FL 34698

New Mailing Address:

FEI Number: 05-0615150

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RUSSELL, ANITA
601 MAIN STREET
MS #402
DUNEDIN, FL 34698 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: C () Delete
Name: BOKOR, BRUCE
Address: 911 CHESTNUT STREET
City-St-Zip: CLEARWATER, FL 33756

Title: TS () Delete
Name: INZINIA, TOMMY
Address: 16331 BAY VISTA DR
City-St-Zip: CLEARWATER, FL 33760

Title: D () Delete
Name: HAMILTON, KEN
Address: 10 BAY ESPLANADE
City-St-Zip: CLEARWATER, FL 34630

Title: D () Delete
Name: EVANS, ROBERT
Address: 1410 4TH STREET NORTH
City-St-Zip: SAFETY HARBOR, FL 34695

Title: D () Delete
Name: HOLDERITH, ALAN
Address: 620 DREW STREET
City-St-Zip: CLEARWATER, FL 33755

Title: D () Delete
Name: FLAREAU, BRUCE
Address: 16255 BAY VISTA DRIVE
City-St-Zip: CLEARWATER, FL 33760

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:

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: ANITA RUSSELL

DIR

04/28/2009

Electronic Signature of Signing Officer or Director

Date