

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000001310

FILED  
Apr 13, 2010  
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  
Name: BOKOR, BRUCE  
Address: 911 CHESTNUT STREET  
City-St-Zip: CLEARWATER, FL 33756

Title: TS  
Name: HOLDERITH, ALAN  
Address: 620 DREW STREET  
City-St-Zip: CLEARWATER, FL 33755

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

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

Title: D  
Name: WATERS, GLENN  
Address: 300 PINELLAS STREET  
City-St-Zip: CLEARWATER, FL 33756

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

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: JOHN PRONI

CFO

04/13/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date