

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000001310

FILED
Mar 15, 2011
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:

PRONI, JOHN
601 MAIN STREET
MS #402
DUNEDIN, FL 34698 US

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: JOHN PRONI

03/15/2011

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: JACQUELINE AROCHO

CEO

03/15/2011

Electronic Signature of Signing Officer or Director

Date

N04000001310

3-15-11

Proni, John

From: corphelp [corphelp@dos.state.fl.us] *Document #: N04000001310*

Sent: Tuesday, March 15, 2011 10:22 AM

To: Proni, John *Tracking #: 800197867168*

Subject: RE: Board Members

Good Morning Mr. Proni,

Sean,

Please add the 7th Board Member below

You'll need to list the first 6 names online and then mail the additional names, titles and addresses to the address below.

Division of Corporations
Attn: Sean Toner
PO Box 6327
Tallahassee, FL 32314

*Charles F. Robinson, P.A.
410 S. Lincoln Ave
Clearwater, FL 33675
727-441-4516*

If paying by check please attach the names to the "Voucher" you are mailing with your payment.

If you have paid online you can fax the additional officer's information. In your fax include the entity name, document number and reference/tracking number assigned to your filing.

Fax to the attention of Sean Toner at 850-245-6017.

Lee Yarbrough
Internet Access Section
Florida Department of State
Division of Corporations

*Thanks
John Proni
727-734-6782*

From: Proni, John [mailto:John.Proni@baycare.org]

Sent: Tuesday, March 15, 2011 9:59 AM

To: corphelp

Subject: Board Members

*P.S. ~~Our~~ Our A/P dept is
sending check.*

We have 7 Board Members but the website only had room for 6. How do I submit the additional board member data? Thanks you.

John R. Proni, CPA
Business Manager
BayCare Alliant Hospital
601 Main Street
Dunedin, Florida 34698
Phone: (727) 734-6782
Fax: (727) 736-9817

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Confidential: This electronic message and all contents contain information from BayCare Health System which may be privileged, confidential or otherwise

3/15/2011