

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000001310

FILED
Mar 12, 2012
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:

PRONI, JOHN
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: D
Name: BOKOR, BRUCE
Address: 911 CHESTNUT STREET
City-St-Zip: CLEARWATER, FL 33756

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

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

Title: D
Name: ROBINSON, CHARLES
Address: 410 SOUTH LINCOLN AVENUE
City-St-Zip: CLEARWATER, FL 33756

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

Title: D
Name: SIZEMORE, PATRICIA
Address: ST. ANTHONY'S HOSPITAL, 1200 7TH AVENUE N,
City-St-Zip: ST. PETE, FL 33705

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

03/12/2012

Electronic Signature of Signing Officer or Director

Date