

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000002015

FILED
Jun 13, 2011
Secretary of State

Entity Name: DISTRICT HOSPITAL HOLDINGS, INC.

Current Principal Place of Business:

C/O NICHOLAS W. ROMANELLO, ESQ.
324 DATURA STREET, STE 401
WEST PALM BEACH, FL 334015432 US

New Principal Place of Business:

LEGAL DEPARTMENT
324 DATURA STREET, STE 401
WEST PALM BEACH, FL 334015432 US

Current Mailing Address:

C/O NICHOLAS W. ROMANELLO, ESQ.
324 DATURA STREET, STE 401
WEST PALM BEACH, FL 334015432 US

New Mailing Address:

LEGAL DEPARTMENT
324 DATURA STREET, STE 401
WEST PALM BEACH, FL 334015432 US

FEI Number: 35-2226306

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CARRAN, NICHOLE
324 DATURA STREET
SUITE 401
WEST PALM BEACH, FL 334015432 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: CH
Name: SATTER, JONATHAN R
Address: 250 SO. AUSTRALIAN BLVD. STE. 1100
City-St-Zip: WEST PALM BEACH, FL 33401 US

Title: VCH
Name: GREAR, EFFIE C DR
Address: 661 S.W. 4TH STREET
City-St-Zip: BELLE GLADE, FL 33430 US

Title: D
Name: FRANK, BENJAMIN JD
Address: 5510 N. OCEAN DR., STE. 16C
City-St-Zip: SINGER ISLAND, FL 33404 US

Title: VCH
Name: DISALVO, PATRICK J
Address: 1760 N. JOG RD., STE. 150
City-St-Zip: WEST PALM BEACH, FL 33411 US

Title: D
Name: ABRUZZO, JOSEPH
Address: 324 DATURA STREET, SUITE 401
City-St-Zip: WEST PALM BEACH, FL 33401 US

Title: D
Name: ALONSO, ALINA MD
Address: 800 CLEMATIS ST
City-St-Zip: WEST PALM BEACH, FL 33402 US

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: HOLLY VATH

CFO

06/13/2011

Electronic Signature of Signing Officer or Director

Date