

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000005727

FILED  
Mar 22, 2011  
Secretary of State

**Entity Name:** HEALTHCARE FOUNDATION OF FLORIDA, INC.

**Current Principal Place of Business:**

2836 ENTERPRISE RD  
SUITE 5  
DEBARY, FL 32713

**New Principal Place of Business:**

**Current Mailing Address:**

2836 ENTERPRISE RD  
SUITE 5  
DEBARY, FL 32713

**New Mailing Address:**

**FEI Number:** 20-1224277

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SHENK, COREY  
2836 ENTERPRISE RD.  
SUITE 5  
DEBARY, FL 32713 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: P  
Name: SHENK, COREY  
Address: 2836 ENTERPRISE RD, SUITE 5  
City-St-Zip: DEBARY, FL 32713

Title: VP  
Name: KNOX, JOHANA  
Address: 2836 ENTERPRISE RD, SUITE 5  
City-St-Zip: DEBARY, FL 32713

Title: VP  
Name: MCVEAN, VIENNA  
Address: 2836 ENTERPRISE RD, SUITE 5  
City-St-Zip: DEBARY, FL 32713

Title: S  
Name: SHILLINGER, BONNIE  
Address: 2836 ENTERPRISE RD, SUITE 5  
City-St-Zip: DEBARY, FL 32713

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: RICHARD C. SHENK

CEO

03/22/2011

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

\_\_\_\_\_  
Date