2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 16, 2012
Secretary of State

DOCUMENT# N04000005727

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: COREY SHENK PRES 05/16/2012

Electronic Signature of Signing Officer or Director — Date