

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000007136

FILED
Apr 29, 2008
Secretary of State

Entity Name: MOORINGS PARK COMMUNITY HEALTH, INCORPORATED

Current Principal Place of Business:

120 MOORINGS PARK DR., STE. C
NAPLES, FL 34105

New Principal Place of Business:

Current Mailing Address:

120 MOORINGS PARK DR., STE. C
NAPLES, FL 34105

New Mailing Address:

FEI Number: 65-1232037

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

GOSCH, GUENTHER
120 MOORINGS PARK DR., STE. C
NAPLES, FL 34105 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: C () Delete
Name: LITTLE, JOHN R CHAIRMAN
Address: 180 EDMERE WAY, SOUTH
City-St-Zip: NAPLES, FL 34105

Title: T () Delete
Name: VOLKAN, ARA TREASUR
Address: 10501 FGCU BLVD, SOUTH
City-St-Zip: FT. MYERS, FL 33965

Title: D () Delete
Name: HOLE, STANLEY W DIR
Address: 3303 GIN LANE
City-St-Zip: NAPLES, FL 34102

Title: PCEO () Delete
Name: GOSCH, GUENTHER P/CEO
Address: 5720 ENGLISH OAK LANE
City-St-Zip: NAPLES, FL 34119

Title: D (X) Delete
Name: WILSON, GEORGE A DIR
Address: 821 5TH AVE., NORTH
City-St-Zip: NAPLES, FL 34102

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: C (X) Change () Addition
Name: HEINEMANN, DENISE MD
Address: 745 16TH AVE., SOUTH
City-St-Zip: NAPLES, FL 34102

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: P (X) Change () Addition
Name: GOSCH, GUENTHER P
Address: 5720 ENGLISH OAK LANE
City-St-Zip: NAPLES, FL 34119

Title: CFO (X) Change () Addition
Name: LAVENDER, DANIEL J CFO
Address: 11429 STRATHAM LOOP
City-St-Zip: ESTERO, FL 33928

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: GUENTHER GOSCH

PRES

04/29/2008

Electronic Signature of Signing Officer or Director

Date