

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000007136

FILED  
Apr 23, 2009  
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: HEINEMANN, DENISE MD  
Address: 745 16TH AVE., SOUTH  
City-St-Zip: NAPLES, FL 34102

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

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

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

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: T (X) Change ( ) Addition  
Name: MITCHELL, PAUL TREASUR  
Address: 28830 KIRANICOLA COURT  
City-St-Zip: BONITA SPRINGS, FL 34135

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

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

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

DIR

04/23/2009

Electronic Signature of Signing Officer or Director

Date