

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000003751

FILED
Jan 26, 2009
Secretary of State

Entity Name: SAFETY NET HOSPITAL ALLIANCE OF FLORIDA, INC.

Current Principal Place of Business:

101 N GADSDEN ST
TALLAHASSEE, FL 32301

New Principal Place of Business:

Current Mailing Address:

101 N GADSDEN ST
TALLAHASSEE, FL 32301

New Mailing Address:

FEI Number: 20-2672504

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DELEGAL, MARK K
215 S MONROE ST
2ND FLOOR
TALLAHASSEE, FL 32301 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: D () Delete
Name: SACCO, FRANK V
Address: 3501 JOHNSON STREET
City-St-Zip: HOLLYWOOD, FL 33021

Title: D () Delete
Name: SONENREICH, STEVEN
Address: 4300 ALTON RD, WARNER BLDG 5TH FLOOR
City-St-Zip: MIAMI, FL 331402849

Title: D () Delete
Name: HILLENMEYER, JOHN W
Address: 1414 KUHLE AVE
City-St-Zip: ORLANDO, FL 32806

Title: D () Delete
Name: HYTOFF, RONALD A
Address: 2 COLUMBIA DR STE A109
City-St-Zip: TAMPA, FL 33606

Title: D () Delete
Name: O'QUINN, MARVIN
Address: 1611 NW 12TH AVE W WING BLD STE 117
City-St-Zip: MIAMI, FL 33136

Title: D () Delete
Name: CARNES, GARY A
Address: 500 7TH AVE S., EXECUTIVE OFFICES
City-St-Zip: SAINT PETERSBURG, FL 337014816

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

Title: D (X) Change () Addition
Name: MACKENZIE, GWEN
Address: 1700 S. TAMiami TRAIL
City-St-Zip: SARASOTA, FL 34239

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: MARK K DELEGAL

RA

01/26/2009

Electronic Signature of Signing Officer or Director

Date