

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000003751

FILED  
Jan 11, 2012  
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  
**Name:** RON, HYTOFF  
**Address:** 1 TAMPA GENERAL CIRCLE  
**City-St-Zip:** TAMPA, FL 33606

**Title:** D  
**Name:** JEFF, FEASEL  
**Address:** 303 N. CLYDE MORRIS BLVD.  
**City-St-Zip:** DAYTONA BEACH, FL 32124

**Title:** D  
**Name:** MACKENZIE, GWEN  
**Address:** 1700 S. TAMIAMI TRAIL  
**City-St-Zip:** SARASOTA, FL 34239

**Title:** D  
**Name:** CARNES, GARY A  
**Address:** 500 7TH AVE S., EXECUTIVE OFFICES  
**City-St-Zip:** ST. PETERSBURG, FL 33701

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:** MARK DELEGAL

RA

01/11/2012

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

\_\_\_\_\_  
Date