

DOCUMENT# N06000008066

Entity Name: THE FOUNDATION FOR THE HOSPITAL DEL PUEBLO DE SAN FELIPE, INC.

Current Principal Place of Business:

PO BOX 14165
MEXICO BEACH, FL 32410

New Principal Place of Business:

3850 CR 386
PORT ST JOE, FL 32456

Current Mailing Address:

PO BOX 14165
MEXICO BEACH, FL 32410

New Mailing Address:

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ZIVNUSKA, JOHN R
3850 COUNTY ROAD 386
PORT ST JOE, FL 32456 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: STD () Delete
Name: ZIVNUSKA, JOHN R
Address: PO BOX 14165
City-St-Zip: MEXICO BEACH, FL 32410

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D () Delete
Name: HUDSON, JAMES A
Address: PO BOX 238
City-St-Zip: LACLEDE, ID 83841

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

Title: D () Delete
Name: KELLY, CAROLE L
Address: PO BOX 14165
City-St-Zip: MEXICO BEACH, FL 32410

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

I hereby certify that the information supplied with this filing does not qualify for the 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: JOHN R ZIVNUSKA

STD

01/14/2007

Electronic Signature of Signing Officer or Director

Date _____