2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2008
Secretary of State

DOCUMENT# N06000008066

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

Current Principal Place of Business:

3850 CR 386
PORT ST JOE, FL 32456

New Principal Place of Business:

3850 CR 386 SOUTH
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:

ZIVNUSKA, JOHN R
3850 COUNTY ROAD 386 SOUTH
PORT ST JOE, FL 32456 US

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: _____ 01/31/2008
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

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

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

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ST (X) Change ( ) Addition
Name: ZIVNUSKA, JOHN R
Address: PO BOX 14165
City-St-Zip: MEXICO BEACH, FL 32410

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

Title: PD (X) Change ( ) Addition
Name: KELLY, CAROLE L
Address: PO BOX 14165
City-St-Zip: MEXICO BEACH, FL 32410

Title: D ( ) Change (X) Addition
Name: MOBLEY, MARY
Address: 1004 COMMERCIAL AVE #147
City-St-Zip: ANACORTES, WA 98227

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: JOHN R ZIVNUSKA ST 01/31/2008
Electronic Signature of Signing Officer or Director — Date