2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 21, 2009
Secretary of State

DOCUMENT# N08000003081

Entity Name: CRESCENT OF HERNANDO INC.

Current Principal Place of Business:

656 SOUTH BROAD ST.
BROOKSVILLE, FL 34601

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 787
BROOKSVILLE, FL 346050787

New Mailing Address:

FEI Number: 30-0475982 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ELMANSOURY, NASSER M.D.
5275 LEGEND HILLS LANE
SPRING HILL, FL 34609 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:	P	( ) Delete
Name:	ABUZARAD, HUSAM MD	
Address:	112373 CORTEZ BLVD., #305	
City-St-Zip:	BROOKSVILLE, FL 34613	
Title:	D	( ) Delete
Name:	JOUD, MOHAMMAD MD	
Address:	12900 CORTEZ BLVD., STE. 202	
City-St-Zip:	BROOKSVILLE, FL 34613	
Title:	D	( ) Delete
Name:	ALSHAAR, AYHAM MD	
Address:	11373 CORTEZ BLVD. 409	
City-St-Zip:	BROOKSVILLE, FL 34613	
Title:	VP	( ) Delete
Name:	REHEEM, M. ALLAM	
Address:	11492 ATONEVILLE CT.	
City-St-Zip:	SPRING HILL, FL 34609	
Title:	S	( ) Delete
Name:	ELMANSOURY, NASSER MD	
Address:	5275 LEGEND HILLS LANE	
City-St-Zip:	SPRING HILL, FL 34609	
Title:	D	( ) Delete
Name:	GALVAN, ALEXIS A EXEC.	
Address:	12136 KANSAS ROAD	
City-St-Zip:	BROOKSVILLE, FL 34614	

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:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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: GALVAN, ALEXIS A, EXEC D 02/21/2009

Electronic Signature of Signing Officer or Director — Date