

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000003081

FILED
Mar 12, 2011
Secretary of State

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:

656 SOUTH BROAD ST
BROOKSVILLE, FL 34601

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
Name: ABUZARAD, HUSAM MD
Address: 112373 CORTEZ BLVD., #305
City-St-Zip: BROOKSVILLE, FL 34613

Title: D
Name: JOUD, MOHAMMAD MD
Address: 12900 CORTEZ BLVD., STE. 202
City-St-Zip: BROOKSVILLE, FL 34613

Title: D
Name: ALSHAAR, AYHAM MD
Address: 11373 CORTEZ BLVD. 409
City-St-Zip: BROOKSVILLE, FL 34613

Title: VP
Name: REHEEM, M. ALLAM
Address: 11492 STONEVILLE CT.
City-St-Zip: SPRING HILL, FL 34609

Title: S
Name: ELMANSOURY, NASSER MD
Address: 5275 LEGEND HILLS LANE
City-St-Zip: SPRING HILL, FL 34609

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: MOHAMMAD JOUD

D

03/12/2011

Electronic Signature of Signing Officer or Director

Date