

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000007286

FILED  
Apr 17, 2009  
Secretary of State

**Entity Name:** BRCH WOMEN'S INSTITUTE FOR HEALTH & WELLNESS, INC.

**Current Principal Place of Business:**

690 MEADOWS ROAD  
BOCA RATON, FL 33486

**New Principal Place of Business:**

**Current Mailing Address:**

690 MEADOWS ROAD  
BOCA RATON, FL 33486

**New Mailing Address:**

800 MEADOWS ROAD  
LEGAL DEPARTMENT  
BOCA RATON, FL 33486

FEI Number: 26-3151406

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

BOCA RATON COMMUNITY HOSPITAL, INC.  
C/O GENERAL COUNSEL  
800 MEADOWS ROAD  
BOCA RATON, FL 33486 US

**Name and Address of New Registered Agent:**

KING, JANNA P S  
800 MEADOWS ROAD  
LEGAL DEPARTMENT  
BOCA RATON, FL 33486 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: JANNA P. KING

04/17/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: LITH, RICK VAN  
Address: 800 MEADOWS ROAD  
City-St-Zip: BOCA RATON, FL 33486

Title: D ( ) Delete  
Name: CHRYSTAL, LARRAINE  
Address: 690 MEADOWS ROAD  
City-St-Zip: BOCA RATON, FL 33486

Title: D ( ) Delete  
Name: MORRELL, LOUISE MD  
Address: 690 MEADOWS ROAD  
City-St-Zip: BOCA RATON, FL 33486

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: FEDELE, JERRY J PD  
Address: 800 MEADOWS ROAD  
City-St-Zip: BOCA RATON, FL 33486

Title: S (X) Change ( ) Addition  
Name: KING, JANNA P S  
Address: 800 MEADOWS ROAD  
City-St-Zip: BOCA RATON, FL 33486

Title: T (X) Change ( ) Addition  
Name: JONES, RICK T  
Address: 800 MEADOWS ROAD  
City-St-Zip: BOCA RATON, FL 33486

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: JANNA P. KING

S

04/17/2009

Electronic Signature of Signing Officer or Director

Date