

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N08000008185

**FILED**  
**Mar 30, 2012**  
**Secretary of State**

**Entity Name:** ESCAMBIA COMMUNITY HOLDINGS, INC.

**Current Principal Place of Business:**

2200 NORTH PALAFOX STREET  
PENSACOLA, FL 32501

**New Principal Place of Business:**

**Current Mailing Address:**

2200 NORTH PALAFOX STREET  
PENSACOLA, FL 32501

**New Mailing Address:**

**FEI Number:** 37-1573135

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

EMMANUEL, KAREN O  
SACRED HEART HEALTH SYSTEM, INC.  
5151 NORTH NINTH AVENUE  
PENSACOLA, FL 32504 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:** PORTER, JOHN  
**Address:** 1000 E. MORENO STREET  
**City-St-Zip:** PENSACOLA, FL 32501

**Title:** VP  
**Name:** IRWIN, LAURA  
**Address:** 5151 NORTH NINTH AVENUE  
**City-St-Zip:** PENSACOLA, FL 32504

**Title:** ST  
**Name:** ELMORE, BUDDY  
**Address:** 5151 NORTH NINTH AVENUE  
**City-St-Zip:** PENSACOLA, FL 32504

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:** BUDDY ELMORE

ST

03/30/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date