

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000009999

FILED
Mar 30, 2011
Secretary of State

Entity Name: ST.LUCIE COUNTY HEALTH ACCESS NETWORK, INC.

Current Principal Place of Business:

5150 NW MILNER DRIVE
PORT ST. LUCIE, FL 34983

New Principal Place of Business:

3855 S US HIGHWAY 1
FORT PIERCE, FL 34982

Current Mailing Address:

5150 NW MILNER DRIVE
PORT ST. LUCIE, FL 34983

New Mailing Address:

PO BOX 12788
FORT PIERCE, FL 34979

FEI Number: 26-3945016

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

HARRIS, JAMES S
5707 MYRTLE DRIVE
FORT PIERCE, FL 34982 US

Name and Address of New Registered Agent:

LEE, LARRY J
503 NW BLUE LAKE DRIVE
PORT ST LUCIE, FL 34986 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: LARRY J LEE

03/30/2011

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD
Name: LEE, LARRY RN
Address: 503 NW BLUE LAKE DRIVE
City-St-Zip: PORT ST. LUCIE, FL 34986

Title: D
Name: ROMANO, JOHN
Address: 4500 W MIDWAY ROAD
City-St-Zip: FORT PIERCE, FL 34981

Title: SD
Name: MALINOWSKI, STACY
Address: 1342 BONEFISH CT.
City-St-Zip: FORT PIERCE, FL 34949

Title: D
Name: FLORES, GERARD Q MD
Address: 1801 S 23RD ST #2
City-St-Zip: FORT PIERCE, FL 34950

Title: D
Name: ADAMS, CRIS
Address: 4800 S. U.S. HIGHWAY 1
City-St-Zip: FORT PIERCE, FL, FL 34982

Title: D
Name: ROGERS, STEPHEN J
Address: 1121 SE OCEAN BLVD
City-St-Zip: STUART, FL 34996

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: LARRY J LEE

PD

03/30/2011

Electronic Signature of Signing Officer or Director

Date