2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2010
Secretary of State

DOCUMENT# N09000008867

Entity Name: BREAST HEALTH COALITION, INC.

Current Principal Place of Business:

MARTIN MEMORIAL HEALTH SYSTEMS, INC.
501 E. OSCEOLA STREET, SECOND FLOOR
STUART, FL 34994 US

New Principal Place of Business:

Current Mailing Address:

MARTIN MEMORIAL HEALTH SYSTEMS, INC.
501 E. OSCEOLA STREET, SECOND FLOOR
STUART, FL 34994 US

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

FOX, M.LANNING
FOX, WACKEEN, DUNGEY, BEARD, SOBEL ET AL
3473 SE WILLOUGHBY BLVD
STUART, FL 34994 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: SHORE, CAROLYN
Address: 501 E. OSCEOLA STREET, SECOND FLOOR
City-St-Zip: STUART, FL 34994 US

Title: VP
Name: TSARNAS, BETTY
Address: 501 E. OSCEOLA STREET, SECOND FLOOR
City-St-Zip: STUART, FL 34994 US

Title: T
Name: HUDOCK, JEANNE
Address: 501 E. OSCEOLA STREET, SECOND FLOOR
City-St-Zip: STUART, FL 34994 US

Title: S
Name: KINNEY, SHERRI
Address: 501 E. OSCEOLA STREET, SECOND FLOOR
City-St-Zip: STUART, FL 34994 US

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: CAROLYN SHORE P 03/22/2010

Electronic Signature of Signing Officer or Director — Date