

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000008867

FILED
Apr 04, 2011
Secretary of State

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:

PO BOX 2391
STUART, FL 34995-239 US

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: TSARNAS, ELIZABETH
Address: PO BOX 2391
City-St-Zip: STUART, FL 34995 US

Title: VP
Name: DRAWBAUGH, ELIZABETH
Address: PO BOX 2391
City-St-Zip: STUART, FL 34995 US

Title: T
Name: BELL, CAROL
Address: PO BOX 2391
City-St-Zip: STUART, FL 34995 US

Title: S
Name: SCHWERDT, ANDREA
Address: PO BOX 2391
City-St-Zip: STUART, FL 34995 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: CAROL BELL

T

04/04/2011

Electronic Signature of Signing Officer or Director

Date