

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10000007852

FILED
Apr 17, 2011
Secretary of State

Entity Name: FIRST FLORIDA HEALTH CARE FOUNDATION, INC.

Current Principal Place of Business:

401 COMMERCIAL CT, SUITE C
VENICE, FL 34292

New Principal Place of Business:

Current Mailing Address:

401 COMMERCIAL CT, SUITE C
VENICE, FL 34292

New Mailing Address:

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

CASSIDY, BERNARD M
200 S ANDREWS AVE, SUITE 602
FT LAUDERDALE, FL 33301 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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PRES
Name: SLOAN, PAUL
Address: 401 COMMERCIAL CT
City-St-Zip: VENICE, FL 34292 US

Title: DIR
Name: TURCOTTE, TRISHA
Address: 401 COMMERCIAL CT
City-St-Zip: VENICE, FL 34292 US

Title: DIR
Name: GRANDBOUCHE, JANE
Address: 401 COMMERCIAL CT
City-St-Zip: VENICE, FL 34292 US

Title: DIR
Name: FREEMAN, PATRICK
Address: 401 COMMERCIAL CT
City-St-Zip: VENICE, FL 34292 US

Title: DIR
Name: LESTER, KEN
Address: 401 COMMERCIAL CT
City-St-Zip: VENICE, FL 34292 US

Title: DIR
Name: MARRISON, HARRY
Address: 401 COMMERCIAL CT
City-St-Zip: VENICE, FL 34292 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: PAUL SLOAN

PRES

04/17/2011

Electronic Signature of Signing Officer or Director

Date