

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

DOCUMENT# N10000008467

**FILED**  
**Mar 06, 2012**  
**Secretary of State**

**Entity Name:** SANTA ROSA COMMUNITY HEALTH CENTER INC.

**Current Principal Place of Business:**

5527 STEWART STREET  
MILTON, FL 325720929

**New Principal Place of Business:**

**Current Mailing Address:**

5527 STEWART STREET  
MILTON, FL 325720929

**New Mailing Address:**

**FEI Number:** 27-4528123

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

JOHNSON, RODNEY M  
1295 WEST FAIRFIELD DRIVE  
PENSACOLA, FL 32501 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:** MS.  
**Name:** PARK-O'HARA, SANDRA L  
**Address:** 5527 STEWART STREET  
**City-St-Zip:** MILTON, FL 32570

**Title:** MS.  
**Name:** LEWIS, DEL W  
**Address:** 5527 STEWART STREET  
**City-St-Zip:** MILTON, FL 32570

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:** DEL W. LEWIS

MS.

03/06/2012

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

\_\_\_\_\_  
Date