

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10000008469

FILED
Mar 09, 2011
Secretary of State

Entity Name: WALTON COMMUNITY HEALTH CENTER INC.

Current Principal Place of Business:

362 STATE HIGHWAY 83
DEFUNIAK SPRINGS, FL 32433

New Principal Place of Business:

Current Mailing Address:

362 STATE HIGHWAY 83
DEFUNIAK SPRINGS, FL 32433

New Mailing Address:

FEI Number: 27-4465923

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: CEO
Name: ALLEN, GAIL
Address: 362 STATE HIGHWAY
City-St-Zip: DEFUNIAK SPRINGS, FL 32433

Title: CFO
Name: SIMMONS, HARRIET
Address: 362 STATE HIGHWAY 83
City-St-Zip: DEFUNIAK SPRINGS, FL 32433

Title: C
Name: SZILVASY, JOYCE
Address: P.O. BOX 512
City-St-Zip: DEFUNIAK SPRINGS, FL 32435

Title: VC
Name: SANSOM, TILLIE
Address: 1279 ADAMS DRIVE
City-St-Zip: DEFUNIAK SPRINGS, FL 32433

Title: T
Name: TOUCHTON, VICKI
Address: 1329 COUNTY HWY 183N
City-St-Zip: DEFUNIAK SPRINGS, FL 32433

Title: S
Name: SCHACK, MICHELLE
Address: 71 US HIGHWAY 90 WEST
City-St-Zip: DEFUNIAK SPRINGS, FL 32433

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: HARRIET SIMMONS

CFO

03/09/2011

Electronic Signature of Signing Officer or Director

Date