

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10000009257

FILED
Apr 29, 2011
Secretary of State

Entity Name: GLADES COMMUNITY HEALTH CENTER, INC.

Current Principal Place of Business:

956 U.S. HWY. 27 SW
MOORE HAVEN, FL 33471

New Principal Place of Business:

1021 HEALTH PARK DRIVE
MOORE HAVEN, FL 33471

Current Mailing Address:

956 U.S. HWY. 27 SW
MOORE HAVEN, FL 33471

New Mailing Address:

1021 HEALTH PARK DRIVE
MOORE HAVEN, FL 33471

FEI Number: 27-4669102

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PRINGLE, RICHARD W
2125 FIRST STREET
SUITE 200
FORT MYERS, FL 33901 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: PD
Name: HALL, SHANNON
Address: 1163 BAY DRIVE
City-St-Zip: MOORE HAVEN, FL 33471

Title: SD
Name: PENA, ANGELICA
Address: PO BOX 1071
City-St-Zip: MOORE HAVEN, FL 33471

Title: TD
Name: COUSE, ANDREW
Address: P.O. BOX 1237
City-St-Zip: CLEWISTON, FL 33440

Title: VPD
Name: PHARES, BRAD
Address: 23642 EAST STATE ROAD 78
City-St-Zip: OKEECHOBEE, FL 34974

Title: D
Name: DOBBINS, PATRICIA
Address: 1140 PRATT BOULEVARD
City-St-Zip: LA BELLE, FL 33935

Title: D
Name: VALIANT, MARTHA E DR.
Address: 570 CAPTAIN HENDRY DRIVE
City-St-Zip: LA BELLE, FL 33935

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: SHANNON HALL

PD

04/29/2011

Electronic Signature of Signing Officer or Director

Date

N10000009257
4-29-11

Glades Community Health Center, Inc.
(A Corporation Not-for-Profit)
Document No. N10000009257

Additional Principals:

Wayne Aldrich, Director
400 10th Street
Moore Haven, FL 33471

Claudie McPherson, Director
P.O. Box 614
1150 Latum Bell
Moore Haven, FL 33471

Michelle Lanier, Director
P.O. Box 292
Palmdale, FL 33944