

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11000003461

FILED
May 01, 2012
Secretary of State

Entity Name: BLESSED HOPE MEDICAL CENTER, INC.

Current Principal Place of Business:

5853 MICHIGAN AVENUE
JACKSONVILLE, FL 32211

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 11561
JACKSONVILLE, FL 322391561

New Mailing Address:

5853 MICHIGAN AVENUE
JACKSONVILLE, FL 32211

FEI Number: 45-1806459

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JOSEPH, HERODE A
5853 MICHIGAN AVENUE
JACKSONVILLE, FL 32211 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: JOSEPH, HERODE A
Address: 5853 MICHIGAN AVENUE
City-St-Zip: JACKSONVILLE, FL 32211

Title: VP/S
Name: JOSEPH, DILETTE E
Address: 5853 MICHIGAN AVENUE
City-St-Zip: JACKSONVILLE, FL 32211

Title: T
Name: DELVARD, DESRIVIERES
Address: 5681 EDENFIELD ROAD, APT. 1507
City-St-Zip: JACKSONVILLE, FL 32277

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: HERODE A. JOSEPH

P

05/01/2012

Electronic Signature of Signing Officer or Director

Date