2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 20, 2012
Secretary of State

DOCUMENT# N13759

Entity Name: BAYCARE EMERGENCY ASSISTANCE PROGRAM, INC.

Current Principal Place of Business:

16255 BAY VISTA DRIVE
CLEARWATER, FL 33760

New Principal Place of Business:

Current Mailing Address:

16255 BAY VISTA DRIVE
CLEARWATER, FL 33760

New Mailing Address:

FEI Number: 59-2697770 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

THOMAS, INZINA P
16255 BAY VISTA DRIVE
CLEARWATER, FL 3376- 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: BRETHAUER, CRAIG
Address: 16255 BAY VISTA DRIVE
City-St-Zip: CLEARWATER, FL 33760

Title: VPD
Name: POLO, JANICE
Address: 16255 BAY VISTA DRIVE
City-St-Zip: CLEARWATER, FL 33760

Title: SD
Name: WALKER, DANIEL
Address: 16255 BAY VISTA DRIVE
City-St-Zip: CLEARWATER, FL 33760

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: THOMAS P. INZINA EVP 02/20/2012

Electronic Signature of Signing Officer or Director — Date