

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N15775

FILED
Mar 18, 2009
Secretary of State

Entity Name: EVERGLADES AREA HEALTH EDUCATION CENTER, INC.

Current Principal Place of Business:

5725 CORPORATE WAY
STE 102
W. PALM BEACH, FL 33407

New Principal Place of Business:

Current Mailing Address:

5725 CORPORATE WAY
STE 102
W. PALM BEACH, FL 33407

New Mailing Address:

FEI Number: 59-2740588

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

PETERS, JOSEPH
5725 CORPORATE WAY
STE 102
W. PALM BEACH, FL 33407 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 () Delete
Name: AKIN, RICHARD
Address: 1454 MADISON AVENUE
City-St-Zip: IMMOKALEE, FL 33934

Title: VD () Delete
Name: BROWN, EDWIN
Address: 4450 S. TIFFANY DRIVE
City-St-Zip: W. PALM BEACH, FL 33407

Title: D () Delete
Name: GEAKE, D.O., JOHN
Address: 8230 CALOOSAHATCHEE S.W.
City-St-Zip: MOORE HAVEN, FL 33471

Title: D () Delete
Name: ELIZABETH, CAYSON
Address: 1500 NW AVE L
City-St-Zip: BELLE GLADE, FL 33430

Title: STD () Delete
Name: TRENSCHELL, ROBERT D.O.
Address: 4450 S. TIFFANY DR.
City-St-Zip: WEST PALM BEACH, FL 33407

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: TAYLOR, JAMES D.O.
Address: 2256 HEITMAN STREET
City-St-Zip: FT. MYERS, FL 33902

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: EDWIN BROWN

VD

03/18/2009

Electronic Signature of Signing Officer or Director

Date