2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 17, 2010
Secretary of State

DOCUMENT# N18389

Entity Name: HERNANDO HEALTHCARE FOUNDATION, INC.

Current Principal Place of Business:

18 NO. BROAD ST.
BROOKSVILLE, FL 34601

New Principal Place of Business:

Current Mailing Address:

18 NO. BROAD ST.
BROOKSVILLE, FL 34601

New Mailing Address:

FEI Number: 59-2756094 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GARY, MARY BETH
18 N BROAD ST
BROOKSVILLE, FL 34601 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: DC
Name: HOGAN, THOMAS A
Address: 22331 POWELL RD
City-St-Zip: BROOKSVILLE, FL 34602

Title: DT
Name: EMERSON, STEVE
Address: 22950 JACOBSEN ROAD
City-St-Zip: BROOKSVILLE, FL 34601

Title: D
Name: MCATEER, DERRILL
Address: 9025 CITRUS WAY
City-St-Zip: BROOKSVILLE, FL 34601

Title: DS
Name: SAMPLES, GAIL
Address: 437 BELL AVENUE
City-St-Zip: BROOKSVILLE, FL 34601

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: STEVE EMERSON DT 06/17/2010
Electronic Signature of Signing Officer or Director Date