FILED
Jun 09, 2003 8:00 am
Secretary of State
06-09-2003 90122 005 ***158.75

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N31099

1. Entity Name
FLORIDA HEALTH CARE FOUNDATION, INC.

Principal Place of Business	Mailing Address
295 NORTH DR. SUITE G MELBOURNE, FL 32934	295 NORTH DR. SUITE G MELBOURNE, FL 32934

[redacted]

X CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-2942477 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired X $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
WALDEN, WILLIAM H JR 295 NORTH DRIVE, SUITE G MELBOURNE, FL 32934	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when mailing)

FILE NOW! FEE IS $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BICKERSTAFF, JOAN H 1811 RIVERVIEW DRIVE MELBOURNE, FL 329014775	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PSTD WALDEN, WILLIAM H JR ~~1811 RIVERVIEW DRIVE~~ MELBOURNE, FL 329014775	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PSTD Walden, William H. Jr. 295 North Drive, Suite G Melbourne, FL 32934	X Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SAXTON, JOHN R ~~1811 RIVERVIEW DRIVE~~ MELBOURNE, FL 329014775	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Saxton, John R 479 Bahama Dr. Indialantic, FL 32903	X Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	[redacted]	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Myers, Terrance 342 Fifth Ave. Indialantic, FL 32903	☐ Change X Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Walden, Alice R 570 Teakwood Ave Satellite Beach, FL 32937	☐ Change X Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (10/02)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: William H. Walden Jr. 6-4-03
SIGNATURE AND TYPED OR PRINTED NAME OF MEMBER OR AUTHORIZED OFFICER OR DIRECTOR — Date — Daytime Phone #

321-435-3663

FLORIDA HEALTH CARE FOUNDATION, INC. CORPORATE SEAL 1989 FLORIDA