

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N37988

FILED
Mar 30, 2005
Secretary of State

Entity Name: HEALTH FACILITIES, INC.

Current Principal Place of Business:

7280 SW STATE RD 29
TRENTON, FL 32693

New Principal Place of Business:

Current Mailing Address:

7280 SW STATE RD 29
TRENTON, FL 32693

New Mailing Address:

FEI Number: 59-3009938

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

GOODWIN, PHYLLIS R
7280 SW STATE ROAD 26
TRENTON, FL 32693 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: SD () Delete
Name: SUMMERS, LORI
Address: 11000 EVERBLADES PARKWAY
City-St-Zip: ESTERO, FL 33928

Title: D () Delete
Name: O'BRIEN, PAMELA
Address: 1308 GREWOOD AVENUE
City-St-Zip: LEHIGH ACRES, FL 33972

Title: D () Delete
Name: FRIERSON, SHIELA
Address: 7280 SW STATE ROAD 26
City-St-Zip: TRENTON, FL 32693

Title: PTD () Delete
Name: GOODWIN, PHYLLIS
Address: 2518 WELLON RANCH ROAD
City-St-Zip: ELLENTON, FL 34222

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:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: PHYLLIS GOODWIN

PRES

03/30/2005

Electronic Signature of Signing Officer or Director

Date