2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2008
Secretary of State

DOCUMENT# N37988

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 ( )**

Name and Address of Current Registered Agent:

SUMMERS, LORI
13232 HASTINGS LANE
FORT MYERS, FL 33913 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: D ( ) Delete
Name: SUMMERS, LORI
Address: 13232 HASTINGS LANE
City-St-Zip: FORT MYERS, FL 33913 US

Title: D ( ) Delete
Name: HELENE O'CONNELL,
Address: 7280 SW STATE ROAD 29
City-St-Zip: TRENTON, FL 32693

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

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:

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: LORI SUMMERS D 04/29/2008

Electronic Signature of Signing Officer or Director — Date