

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N37988

FILED
Feb 15, 2011
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 ()

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

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

Title: D
Name: CROWLEY, LORINDA
Address: 7280 SW STATE ROAD 29
City-St-Zip: TENTON, FL 32693

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: LORI SUMMERS

D

02/15/2011

Electronic Signature of Signing Officer or Director

Date