

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N40101

FILED
Feb 03, 2011
Secretary of State

Entity Name: HOMESTEAD HOSPITAL, INC.

Current Principal Place of Business:

975 BAPTIST WAY
HOMESTEAD, FL 33033

New Principal Place of Business:

Current Mailing Address:

975 BAPTIST WAY
HOMESTEAD, FL 33033

New Mailing Address:

FEI Number: 65-0232993

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FRIEDMAN, DAVID R
6855 RED ROAD
SUITE 600
CORAL GABLES, FL 33143 US

Name and Address of New Registered Agent:

FRIEDMAN, DAVID R
6855 RED ROAD
SUITE 500
CORAL GABLES, FL 33143 US

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:

02/03/2011

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: CEO
Name: DUQUETTE, WILLIAM M
Address: 975 BAPTIST WAY
City-St-Zip: HOMESTEAD, FL 33033

Title: C
Name: CHAMBERS, WILLIAM L III
Address: 975 BAPTIST WAY
City-St-Zip: HOMESTEAD, FL 33033

Title: D
Name: SAPP, STEVEN S
Address: 975 BAPTIST WAY
City-St-Zip: HOMESTEAD, FL 33033

Title: ST
Name: CARPENTER, WILLIE
Address: 975 BAPTIST WAY
City-St-Zip: HOMESTEAD, FL 33033

Title: D
Name: OYARZUN, RAMON
Address: 975 BAPTIST WAY
City-St-Zip: HOMESTEAD, FL 33033

Title: D
Name: HANCK, BARBARA C
Address: 975 BAPTIST WAY
City-St-Zip: HOMESTEAD, FL 33033

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: WILLIAM M. DUQUETTE

CEO

02/03/2011

Electronic Signature of Signing Officer or Director

Date