

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N42167

FILED
Feb 16, 2010
Secretary of State

Entity Name: CALHOUN-LIBERTY HOSPITAL ASSOCIATION, INC.

Current Principal Place of Business:

20370 NE BURNS AVENUE
BLOUNTSTOWN, FL 32424 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 419
BLOUNTSTOWN, FL 32424

New Mailing Address:

FEI Number: 59-3051173

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

GILLIARD, RONALD M
26064 NORTH MAIN ST.
ALTHA, FL 32421 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: P
Name: WILLIAMS, LADDIE
Address: 17371 NW 5TH STREET
City-St-Zip: BLOUNTSTOWN, FL 32424

Title: T
Name: ATTAWAY, RUTH
Address: 22268 SR 71N
City-St-Zip: ALTHA, FL 32421

Title: S
Name: RUSSELL, MARILYN
Address: 19366 NE JOHN G. BRYANT RD
City-St-Zip: BLOUNTSTOWN, FL 32424

Title: V
Name: BONTRAGER, LABAN DR
Address: 12799 NW PEA RIDGE RD
City-St-Zip: BRISTOL, FL 32321

Title: D
Name: BRIGHAM, EDWARD
Address: 21204 SE RIDGE AVE.
City-St-Zip: BLOUNTSTOWN, FL 32424

Title: D
Name: TOMLINSON, JR., JOHN
Address: 20007 NE HERTZ AVE.
City-St-Zip: BLOUNTSTOWN, FL 32424

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: RONALD M. GILLIARD

CEO

02/16/2010

Electronic Signature of Signing Officer or Director

Date