## 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N42167

**FILED** Feb 20, 2012 Secretary of State

Entity Name: CALHOUN-LIBERTY HOSPITAL ASSOCIATION, INC.

**New Principal Place of Business: Current Principal Place of Business:** 

20370 NE BURNS AVENUE BLOUNTSTOWN, FL 32424 US

**Current Mailing Address: New Mailing Address:** 

P.O. BOX 419

BLOUNTSTOWN, FL 32424

FEI Number: 59-3051173 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

HILL, PHILLIP E 20370 NE BURNS AVENUE US BLOUNTSTOWN, FL 32424

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:**

WILLIAMS, LADDIE Name: Address: 17371 NW 5TH STREET City-St-Zip: BLOUNTSTOWN, FL 32424

Title:

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

Title:

RUSSELL, MARILYN Name:

Address: 19306 NE JOHN G. BRYANT RD City-St-Zip: BLOUNTSTOWN, FL 32424

Title:

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

Title:

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

Title:

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

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: PHILLIP E. HILL CEO 02/20/2012