2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2007
Secretary of State

DOCUMENT# N45699

Entity Name: THE ALLIED HEALTH CAREER DEVELOPMENT COALITION OF SOUTHWEST FLORIDA, INCORPORATED

Current Principal Place of Business:

LEE MEMORIAL HEALTH SYSTEM
636 DEL PRADO BLVD - 5TH FLOOR
CAPE CORAL, FL 33990 US

New Principal Place of Business:

Current Mailing Address:

LEE MEMORIAL HEALTH SYSTEM - JON CECIL
636 DEL PRADO BLVD - 5TH FLOOR
CAPE CORAL, FL 33990 US

New Mailing Address:

FEI Number: 65-0244885 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CECIL, JON C
LEE MEMORIAL HEALTH SYSTEM
636 DEL PRADO BLVD - 5TH FLOOR
CAPE CORAL, FL 33990 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: CD ( ) Delete
Name: CECIL, JON
Address: 636 DEL PRADO BLVD
City-St-Zip: CAPE CORAL, FL 33990 US

Title: SD ( ) Delete
Name: MAY, MARJORY
Address: 2776 CLEVELAND AVE
City-St-Zip: FORT MYERS, FL 33901

Title: DT ( ) Delete
Name: ELSBERRY, JEFF
Address: 7007 LELY CULTURAL PARKWAY
City-St-Zip: NAPLES, FL 341138977

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 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: JON C. CECIL CD 01/10/2007

Electronic Signature of Signing Officer or Director — Date