

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000000438

FILED
Apr 19, 2010
Secretary of State

Entity Name: MILLHOPPER MEDICAL CENTER OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

2341 N.W. 41ST STREET
STE. C
GAINESVILLE, FL 32606

New Principal Place of Business:

Current Mailing Address:

2341 N.W. 41ST STREET
STE. C
GAINESVILLE, FL 32606

New Mailing Address:

FEI Number: 59-3159565 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

GATH, KRIS ANN
2341 N.W. 41ST STREET
SUITE C
GAINESVILLE, FL 32606 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: DESTEPHENS, JAMES B
Address: 2341 N.W. 41ST STREET, SUITE B
City-St-Zip: GAINESVILLE, FL 32606

Title: D
Name: BEAUFIT, NGUYET
Address: 2341 N.W. 41ST STREET, SUITE A
City-St-Zip: GAINESVILLE, FL 32606

Title: P
Name: BEAUFIT, JOHN
Address: 2341 NW 41ST ST STE A
City-St-Zip: GAINESVILLE, FL 32606

Title: ST
Name: THARP, LESLIE
Address: 2341 NW 41ST ST STE C
City-St-Zip: GAINESVILLE, FL 32606

Title: D
Name: GATH, KRIS ANN
Address: 2341 NW 41ST STE C
City-St-Zip: GAINESVILLE, FL 32606

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: NGUYET BEAUFIT

MEMB

04/19/2010

_____ Electronic Signature of Signing Officer or Director

_____ Date