

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000000438

FILED
Apr 27, 2012
Secretary of State

Entity Name: MILLHOPPER MEDICAL CENTER OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

5208 SW 91ST DRIVE, SUITE D
GAINESVILLE, FL 32608

New Principal Place of Business:

Current Mailing Address:

5208 SW 91ST DRIVE, SUITE D
GAINESVILLE, FL 32608

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:

MGMT SPEC SVCS
5208 SW 91ST DRIVE, SUITE D
GAINESVILLE, FL 32608 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: T
Name: DESTEPHENS, JAMES B
Address: 5208 SW 91ST DRIVE, SUITE D
City-St-Zip: GAINESVILLE, FL 32608

Title: S
Name: BEAUFIT, NGUYET
Address: 5208 SW 91ST DRIVE, SUITE D
City-St-Zip: GAINESVILLE, FL 32608

Title: P
Name: THARP, LESLIE
Address: 5208 SW 91ST DRIVE, SUITE D
City-St-Zip: GAINESVILLE, FL 32608

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: MGMT SPEC SVCS

A

04/27/2012

Electronic Signature of Signing Officer or Director

Date