2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 19, 2007 8:00 am
Secretary of State
01-22-2007 90078 045 ****61.25

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1. Entity Name
OCEAN REEF MEDICAL CENTER FOUNDATION, INC.

Principal Place of Business	Mailing Address
30 OCEAN REEF DRIVE N KEY LARGO, FL 33037	30 OCEAN REEF DRIVE N KEY LARGO, FL 33037

01082007 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
50 BARRACUDA LN	50 BARRACUDA LN
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: KEY LARGO FL	City & State: KEY LARGO FL
Zip: 33037 Country: USA	Zip: 33037 Country: USA

4. FEI Number: 65-0443146 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
NOSTRO, LOUIS 201 S BISCAYNE BLVD SUITE 1600 MIAMI, FL 33131	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S HUNT, BRIAN 13 OSPREY KEY LARGO, FL 33037	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TVP BACHER, FRED 54 TARPON LANE N. KEY LARGO, FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TREASURER FRED BACHER 54 TARPON LN KEY LARGO FL 33037	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ATS DELGADO, GAIL 239 S BAY HARBOR KEY LARGO, FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD DAVIDSON, TOM 07 SUNRISE CAY DR KEY LARGO, FL 33037	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP JAY HOLMES 42 SPADEFISH LN KEY LARGO FL 33037	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: X _____ Chief Administrator 02/13/07 (305) 367-4224
SIGNATURE AND TYPED OR PRINTED NAME OF SUBMITTING OFFICER OR DIRECTOR — Date — Daytime Phone #