

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2008 8:00 am**  
**Secretary of State**

04-28-2008 90345 032 \*\*\*\*61.25

**DOCUMENT # N93000003445**

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



Principal Place of Business  
**50 BARRACUDA LN  
KEY LARGO, FL 33037**

Mailing Address  
**50 BARRACUDA LN  
KEY LARGO, FL 33037**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04152008 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number  
**65-0443146**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2008**

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 **S** ☒ Delete  
NAME **HUNT, BRIAN**  
STREET ADDRESS **13 OSPREY**  
CITY-ST-ZIP **KEY LARGO, FL 33037**

TITLE **S** ☒ Change ☐ Addition  
NAME **SHIPLEY, SHIRLEY**  
STREET ADDRESS **33 CARD SOUND ROAD**  
CITY-ST-ZIP **KEY LARGO, FL 33037**

TITLE **T** ☒ Delete  
NAME **BACHER, FRED**  
STREET ADDRESS **54 TARPON LANE**  
CITY-ST-ZIP **KEY LARGO, FL 33037**

TITLE **T** ☒ Change ☐ Addition  
NAME **NUTT, WILLIAM**  
STREET ADDRESS **34 SUNSET CAY ROAD**  
CITY-ST-ZIP **KEY LARGO, FL 33037**

TITLE **ATS** ☐ Delete  
NAME **DELGADO, GAIL**  
STREET ADDRESS **239 S BAY HARBOR**  
CITY-ST-ZIP **KEY LARGO, FL**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **PD** ☒ Delete  
NAME **DAVIDSON, TOM**  
STREET ADDRESS **07 SUNRISE CAY DR**  
CITY-ST-ZIP **KEY LARGO, FL 33037**

TITLE **PD** ☒ Change ☐ Addition  
NAME **HOLMES, JAY**  
STREET ADDRESS **42 SPADEFISH LANE**  
CITY-ST-ZIP **KEY LARGO, FL 33037**

TITLE **VP** ☒ Delete  
NAME **HOLMES, JAY**  
STREET ADDRESS **42 SPADEFISH LN**  
CITY-ST-ZIP **KEY LARGO, FL 33037**

TITLE **VP** ☒ Change ☐ Addition  
NAME **LEE, PATRICK**  
STREET ADDRESS **13 SUNRISE CAY DRIVE**  
CITY-ST-ZIP **KEY LARGO, FL 33037**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/24/08**

Date

**(305)367-2600**

Daytime Phone #