

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000003445

FILED
Apr 21, 2009
Secretary of State

Entity Name: OCEAN REEF MEDICAL CENTER FOUNDATION, INC.

Current Principal Place of Business:

50 BARRACUDA LN
KEY LARGO, FL 33037

New Principal Place of Business:

Current Mailing Address:

50 BARRACUDA LN
KEY LARGO, FL 33037

New Mailing Address:

FEI Number: 65-0443146

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NOSTRO, LOUIS
201 S BISCAYNE BLVD
SUITE 1600
MIAMI, FL 33131 US

Name and Address of New Registered Agent:

DELGADO, GAIL
50 BARRACUDA LANE
KEY LARGO, FL 33037 US

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: GAIL DELGADO

04/21/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: S () Delete
Name: SHIPLEY, SHIRLEY
Address: 34 CARD SOUND RD
City-St-Zip: KEY LARGO, FL 33037

Title: T () Delete
Name: NUTT, WILLIAM
Address: 34 SUNSET CAY RD
City-St-Zip: KEY LARGO, FL 33037

Title: ATS () Delete
Name: DELGADO, GAIL
Address: 239 S BAY HARBOR
City-St-Zip: KEY LARGO, FL

Title: PD () Delete
Name: HOLMES, JAY
Address: 42 SPADEFISH LN
City-St-Zip: KEY LARGO, FL 33037

Title: VP () Delete
Name: LEE, PATRICK
Address: 13 SUNRISE CAY DR
City-St-Zip: KEY LARGO, FL 33037

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change () Addition
Name: MEENAN, JAMES
Address: 5 HARDWOOD HAMMOCK LANE
City-St-Zip: KEY LARGO, FL 33037

Title: ATS (X) Change () Addition
Name: DELGADO, GAIL
Address: 239 S BAY HARBOR
City-St-Zip: KEY LARGO, FL 33037

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: ATS () Change (X) Addition
Name: YOUNG, KEITH
Address: 1601 SE 17TH AVENUE
City-St-Zip: HOMESTEAD, FL 33035

I hereby certify that the information supplied with this filing does not qualify 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: GAIL DELGADO

ATS

04/21/2009

Electronic Signature of Signing Officer or Director

Date