

2012 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Apr 11, 2012
Secretary of State

DOCUMENT# N94000004772

Entity Name: GLADES HEALTHCARE FOUNDATION, INC.**Current Principal Place of Business:**2601 10TH AVENUE
SUITE 100
PALM SPRINGS, FL 33461**New Principal Place of Business:**2601 10TH AVENUE N.
SUITE 100
PALM SPRINGS, FL 33461**Current Mailing Address:**2601 10TH AVENUE
SUITE 100
PALM SPRINGS, FL 33461**New Mailing Address:**2601 10TH AVENUE N.
SUITE 100
PALM SPRINGS, FL 33461**FEI Number:** 65-0541467**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**CARRAN LO, NICHOLE M
2601 10TH AVENUE
SUITE 100
PALM SPRINGS, FL 33461 US**Name and Address of New Registered Agent:**CARRAN, NICHOLE M
2601 10TH AVENUE N.
SUITE 100
PALM SPRINGS, FL 33461 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: NICHOLE CARRAN

04/11/2012

Electronic Signature of Registered Agent_____
Date**OFFICERS AND DIRECTORS:****Title:** C
Name: GREAR, EFFIE
Address: 2601 10TH AVENUE N., SUITE 100
City-St-Zip: PALM SPRINGS, FL 33461**Title:** VC
Name: DAVIS, DARCY
Address: 2601 10TH AVENUE N., SUITE 100
City-St-Zip: PALM SPRINGS, FL 33461**Title:** S
Name: WIEWORA, RON
Address: 2601 10TH AVENUE N., SUITE 100
City-St-Zip: PALM SPRINGS, FL 33461**Title:** TR
Name: COFFMAN, STEPHEN
Address: 2601 10TH AVENUE N., SUITE 100
City-St-Zip: 2601 10TH AVENUE, SUITE 100, FL 33461**Title:** ED
Name: VATH, HOLLY
Address: 2601 10TH AVENUE N., SUITE 100
City-St-Zip: PALM SPRINGS, FL 33461**Title:** D
Name: LOHMANN, BRIAN
Address: 2601 10TH AVENUE N., SUITE 100
City-St-Zip: PALM SPRINGS, FL 33461

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: HOLLY VATH

CFO

04/11/2012

Electronic Signature of Signing Officer or Director_____
Date