

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000001947

FILED
Feb 09, 2011
Secretary of State

Entity Name: SOUTH LAKE HOSPITAL, INC.

Current Principal Place of Business:

1900 DON WICKHAM DR., STE 210
CLERMONT, FL 34711

New Principal Place of Business:

1900 DON WICKHAM DRIVE
CLERMONT, FL 34711

Current Mailing Address:

SOUTH LAKE HOSPITAL
1099 CITRUS TOWER BOULEVARD
CLERMONT, FL 34711

New Mailing Address:

1900 DON WICKHAM DRIVE
CLERMONT, FL 34711

FEI Number: 59-3322533

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LONGACRE, LESLIE A
1099 CITRUS TOWER BLVD
CLERMONT, FL 34711 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: D
Name: BATMAN, DAVE MR.
Address: PO BOX 997
City-St-Zip: MINNEOLA, FL 34755

Title: VD
Name: SITARIK, SHERRIE MS.
Address: 1414 KUHL AVE
City-St-Zip: ORLANDO, FL 32806

Title: TD
Name: HOECHST, CATHERINE Z MS.
Address: 950 MCDONALD STREET
City-St-Zip: MOUNT DORA, FL 32757

Title: PD
Name: MCLEAN, SUSAN MRS.
Address: PO BOX 120902
City-St-Zip: CLERMONT, FL 34712

Title: SD
Name: BERENS, JR., ROBERT MR.
Address: 1927 BRANTLEY CIRCLE
City-St-Zip: CLERMONT, FL 34711

Title: D
Name: HOWELL, MICHAEL DR.
Address: 1414 KUHL AVENUE
City-St-Zip: ORLANDO, FL 32806

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: LESLIE LONGACRE

CEO

02/09/2011

Electronic Signature of Signing Officer or Director

Date