2004 NOT-FOR-PROFIT CORPORATION

ANNUAL REPORT

DOCUMENT # N96000002335



FILED Apr 16, 2004 8:00 am Secretary of State 04-16-2004 90396 001 ***245.00

1. Entity Nam HELEN E CORPOR	LLIS ME	MORIAL HOSPITA	AL REAL E	ESTATE											
HELEN ELLIS MEMORIAL HOSPITAL HELE 1395 S. PINELLAS AVE. 1395				ng Address En Ellis Memorial Hospital 5 S. Pinellas ave. Pon Springs, Fl. 34689-3790			 		IF I 1 3161 1 1	Barr	1123			 	
2. Principal Place of Business			3. Mailing Address					and division							
Suite, Apt. #, etc.			Suite, Apt. #, etc.					03252	2004	Chg-N	Р	CR2	E037 (1	0/03)	
City & State			City & State						Number -33757	731					plied For t Applicable
Zip	Zip Country		Zip		Cour	Country		5. Cert	tificate of	Status [Desired			75 Add Required	
	6. Name	and Address of Current	Registered A	gent				7. Nan	ne and A	ddress	of New	Register	d Agen	ıt	
KIEFER I	nceph N	1				Name	Joh	n Mo	cPhe	rso	ı, R	lisk	Man	age	r
7 10: 507(1 10)					Street Ad	1 3 9	P.O. Box 95 Sc	Number outh	is Not A	cceptab 1e11	le) as <i>I</i>	lven	u <u>e</u>		
TARPON S	SPRINGS	, FL 34689				City		n Sp	orin	~~~		F	:L ⁷	Zip Code	
	named entitions of regis	y submits this statement fo	or the purpose	of changing its	registere						tate of F				
SIGNATURE .	AG	or printed name of registered agent	and title if applicab			Phers Agent signatur	_			anag	ger	Y/ DAT	17/0	7	
Filing Fee is \$61.25 Due by May 1, 2004 9. Election Campaign Trust Fund Contribu															
	_							\$5.00 Added to	May Be Fees			Make ch irida Dej			
10.	Due by N		RECTORS	Trust Fund Co	ontributio	on. [Added to	Fees	IGES TO	Flo		DIRECT	nt of St	ate 10
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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 receiveror 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

Date

Daytime Phone #