

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000002335

FILED
Apr 13, 2009
Secretary of State

Entity Name: HELEN ELLIS MEMORIAL HOSPITAL REAL ESTATE CORPORATION

Current Principal Place of Business:

HELEN ELLIS MEMORIAL HOSPITAL
1395 S. PINELLAS AVE.
TARPON SPRINGS, FL 346893790

New Principal Place of Business:

HELEN ELLIS MEMORIAL HOSPITAL
1395 S. PINELLAS AVE.
TARPON SPRINGS, FL 34689

Current Mailing Address:

HELEN ELLIS MEMORIAL HOSPITAL
1395 S. PINELLAS AVE.
TARPON SPRINGS, FL 346893790

New Mailing Address:

HELEN ELLIS MEMORIAL HOSPITAL
1395 S. PINELLAS AVE.
TARPON SPRINGS, FL 34689

FEI Number: 59-3375731

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

EVANS, DON
1395 SOUTH PINELLAS AVE
TARPON SPRINGS, FL 34689 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: STD () Delete
Name: EVANS, DON
Address: 1395 SOUTH PINELLAS AVE
City-St-Zip: TARPON SPRINGS, FL 34689

Title: D () Delete
Name: STEIN, NORM
Address: 3100 E FLEETHER AVE
City-St-Zip: TAMPA, FL 33613

Title: PD () Delete
Name: KOUSKOUTIS, MICHAEL ESQ
Address: 1395 SOUTH PINELLAS AVENUE
City-St-Zip: TARPON SPRINGS, FL 34689

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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: DON EVANS

CEO

04/13/2009

Electronic Signature of Signing Officer or Director

Date