2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000001880

FILED Feb 02, 2011 Secretary of State

Entity Name: HALIFAX FISH COMMUNITY HEALTH, INC.

Current Principal Place of Business: New Principal Place of Business:

303 NORTH CLYDE MORRIS BOULEVARD DAYTONA BEACH, FL 32114 US

Current Mailing Address: New Mailing Address:

303 N CLYDE MORRIS BLVD ATTN: GENERAL COUNSEL DAYTONA BEACH, FL 32114 US

FEI Number: 59-3457640 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

DAVIDSON, DAVID J 303 NORTH CLYDE MORRIS BLVD. DAYTONA BEACH, FL 32114 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:

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: [

Name: RITCHEY, GLENN
Address: 551 NORTH NOVA ROAD
City-St-Zip: DAYTONA BEACH, FL 32114 US

Title:

Name: GILES, ART Address: 957 DUNCAN ROAD

City-St-Zip: SOUTH DAYTONA, FL 32119 US

Title: D

 Name:
 JOHNSON, JOHN PH.D.

 Address:
 100 CORSAIR DRIVE, ROOM 200

 City-St-Zip:
 DAYTONA BEACH, FL 32114 US

Title:

Name: CARBIENER, PAM M.D.
Address: 1890 LPGA BLVD., SUITE 160
City-St-Zip: DAYTONA BEACH, FL 32117 US

Title:

Name: JANS, KAREN

Address: 312 GEORGETOWN DRIVE City-St-Zip: DAYTONA BEACH, FL 32114 US

Title:

Name: LANSBERRY, BLAINE

Address: 2001 SOUTH ATLANTIC AVENUE

City-St-Zip: DAYTONA BEACH SHORES, FL 32118 US

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: GLENN RITCHEY D 02/02/2011