

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000004321

FILED
Feb 16, 2010
Secretary of State

Entity Name: BONITA COMMUNITY HEALTH CENTER, INC.

Current Principal Place of Business:

3501 HEALTH CENTER BLVD
BONITA SPRINGS, FL 34135

New Principal Place of Business:

Current Mailing Address:

3501 HEALTH CENTER BLVD
BONITA SPRINGS, FL 34135

New Mailing Address:

FEI Number: 59-3544102

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COOPER, KEVIN
C/O NCH HEALTHCARE SYSTEM
350 7TH STREET NORTH
NAPLES, FL 34102 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: HALE, VICKI
Address: 350 SEVENTH STREET NORTH
City-St-Zip: NAPLES, FL 34102

Title: D
Name: ARRINGTON, NOBLE
Address: 350 SEVENTH STREET NORTH
City-St-Zip: NAPLES, FL 34102

Title: D
Name: RILEY, MICHAEL
Address: 350 SEVENTH STREET NORTH
City-St-Zip: NAPLES, FL 34102

Title: D
Name: WEIST, JOHN
Address: 8300 COLLEGE PARKWAY, SUITE 200
City-St-Zip: FORT MYERS, FL 33919

Title: D
Name: CATO, DAVID
Address: 8300 COLLEGE PARKWAY, SUITE 200
City-St-Zip: FORT MYERS, FL 33919

Title: D
Name: NEWINGHAM, KEVIN
Address: 8300 COLLEGE PARKWAY, SUITE 200
City-St-Zip: FORT MYERS, FL 33919

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: GENE HIGGINS

CFO

02/16/2010

Electronic Signature of Signing Officer or Director

Date