

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N98000004589

**FILED**  
**Jan 18, 2010**  
**Secretary of State**

**Entity Name:** FAMILY HEALTH TRUST, INC.

**Current Principal Place of Business:**

1100 SAWGRASS VILLAGE DRIVE  
SUITE 200  
PONTE VEDRA BEACH, FL 32082

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 1614  
PONTE VEDRA BEACH, FL 32004

**New Mailing Address:**

**FEI Number:** 59-3532170

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

TOMLIN, THOMAS  
1100 SAWGRASS VILLAGE DRIVE  
SUITE 200  
PONTE VEDRA BEACH, FL 32082 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:** TOMLIN, THOMAS A MD  
**Address:** 1100 SAWGRASS VILLAGE DRIVE, SUITE 200  
**City-St-Zip:** PONTE VEDRA BEACH, FL 32082

**Title:** D  
**Name:** TOMLIN, PAMELA S  
**Address:** 1100 SAWGRASS VILLAGE DRIVE, SUITE 200  
**City-St-Zip:** PONTE VEDRA BEACH, FL 32082

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:** THOMAS TOMLIN

D

01/18/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date