

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000004589

FILED
Apr 18, 2011
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 A TOMLIN

D

04/18/2011

Electronic Signature of Signing Officer or Director

Date