2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2012
Secretary of State

DOCUMENT# N99000006389

Entity Name: THE VILLAGES HEALTH SYSTEM FOUNDATION, INC.

Current Principal Place of Business:

1020 LAKE SUMTER LANDING
THE VILLAGES, FL 32162

New Principal Place of Business:

Current Mailing Address:

1020 LAKE SUMTER LANDING
THE VILLAGES, FL 32162

New Mailing Address:

FEI Number: 59-3606336 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WAHL, PETE
1028 LAKE SUMTER LANDING
THE VILLAGES, FL 32162 US

Name and Address of New Registered Agent:

WAHL, PETE
2017 ALLENDE AVE
THE VILLAGES, FL 32159 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: _____ 04/30/2012
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD
Name: WAHL, PETER F
Address: 2017 ALLENDE AVE
City-St-Zip: THE VILLAGES, FL 32159

Title: VD
Name: DOGGETT, DON
Address: 1915 ANTONIA PLACE
City-St-Zip: THE VILLAGES, FL 32159

Title: D
Name: BOWEN, LU
Address: 1128 ASANTA CRUZ DRIVE
City-St-Zip: THE VILLAGES, FL 32159

Title: TD
Name: MOSS, MIKE
Address: 1005 QUARRY PLACE
City-St-Zip: THE VILLAGES, FL 32162

Title: SD
Name: FRANCIS, PAT
Address: 2240 CLEARWATER RUN
City-St-Zip: THE VILLAGES, FL 32162

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: PETER F WAHL PRES 04/30/2012
Electronic Signature of Signing Officer or Director — Date