

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03188

FILED  
Jan 02, 2008  
Secretary of State

Entity Name: DEBORAH HOSPITAL FOUNDATION, INC.

**Current Principal Place of Business:**

20 PINE MILLROAD  
BROWN MILLS, NJ 08015

**New Principal Place of Business:**

**Current Mailing Address:**

20 PINE MILL ROAD  
BROWN MILLS, NJ 08015

**New Mailing Address:**

FEI Number: 22-2049500

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

BLOOM, RITA  
THE ATRIUM FINANCIAL CENTER  
1515 NORTH FEDERAL HIGHWAY, SUITE 219  
BOCA RATON, FL 33432 US

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

HADLEY, JAY  
101 WEST VENICE AVE  
SUITE 31-2  
VENICE, FL 34285 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: JAY HADLEY

01/02/2008

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PRES ( ) Delete  
Name: ERNST, JOHN  
Address: 200 TRENTON ROAD  
City-St-Zip: BROWNS MILLS, NJ

Title: COO ( ) Delete  
Name: HADLEY, JAY  
Address: 20 PINE MILL ROAD  
City-St-Zip: BROWNS MILLS, NJ 08015

Title: DOF ( ) Delete  
Name: NASTO, CHRISTOPHER  
Address: 200 TRENTON ROAD  
City-St-Zip: BROWNS MILLS, NJ 08015

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: CHRISTOPHER J. NASTO

DOF

01/02/2008

Electronic Signature of Signing Officer or Director

Date