

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000042633

FILED
Apr 21, 2009
Secretary of State

Entity Name: HAMPTON HEALTHCARE CORPORATION OF MARION

Current Principal Place of Business:

1810 SE 16TH AVE
OCALA, FL 34471 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 771019
OCALA, FL 34477 US

New Mailing Address:

FEI Number: 20-0829103

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JOHNSEN, PEDER L
3320 SE 20TH AVE
OCALA, FL 34471 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: JOHNSEN, LEONARD W
Address: PO BOX 76509
City-St-Zip: SAINT PETERSBURG, FL 33734 US

Title: VP () Delete
Name: JOHNSEN, PEDER L
Address: 3320 SE 20TH AVE
City-St-Zip: OCALA, FL 34471 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LEONARD JOHNSEN

DIR

04/21/2009

Electronic Signature of Signing Officer or Director

Date