

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000094408

**FILED**  
**Apr 26, 2011**  
**Secretary of State**

**Entity Name:** SPACE COAST MEDICAL CENTER INC

**Current Principal Place of Business:**

3550 S WASHINGTON AVE  
SUITE 24  
TITUSVILLE, FL 32780

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 292456  
DAVIE, FL 33329

**New Mailing Address:**

**FEI Number:** 20-3090479

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

RAY, LEONA J  
4321 NW 7TH STREET  
PLANTATION, FL 33317 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: PRES  
Name: HARRISON, CALVIN  
Address: 1161 NW 99TH AVENUE  
City-St-Zip: PLANTATION, FL 33322

Title: VP  
Name: HARRISON, MARY  
Address: 1161 NW 99TH AVENUE  
City-St-Zip: PLANTATION, FL 33322

Title: ST  
Name: BROAD, BRANDI A  
Address: 822 MARIAN COURT  
City-St-Zip: TITUSVILLE, FL 32780

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

SIGNATURE: CALVIN HARRISON

PRES

04/26/2011

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

\_\_\_\_\_  
Date