

2011 FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
Apr 08, 2011
Secretary of State

Entity Name: PINE CREEK HEALTHCARE CAPITAL, INC.

Current Principal Place of Business:

880 CARILLON PARKWAY
ST PETERSBURG, FL 33716

New Principal Place of Business:

Current Mailing Address:

880 CARILLON PARKWAY
ST PETERSBURG, FL 33716

New Mailing Address:

FEI Number: 74-3178326

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: SAYLER, VAN C
Address: 880 CARILLON PARKWAY
City-St-Zip: ST PETERSBURG, FL 33716

Title: S
Name: MATECKI, PAUL
Address: 880 CARILLON PARKWAY
City-St-Zip: ST PETERSBURG, FL 33716

Title: D
Name: BROOKS, RAYMOND
Address: 880 CARILLON PARKWAY
City-St-Zip: SAINT PETERSBURG, FL 33716

Title: TD
Name: FRANZ, RICHARD B II
Address: 880 CARILLON PARKWAY
City-St-Zip: SAINT PETERSBURG, FL 33716

Title: D
Name: MAGEE, MARK
Address: 880 CARILLON PARKWAY
City-St-Zip: SAINT PETERSBURG, FL 33716

Title: CP
Name: SUTTON, DAVID
Address: 880 CARILLON PARKWAY
City-St-Zip: SAINT PETERSBURG, FL 33716

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: SUTTON, DAVID

CP

04/08/2011

Electronic Signature of Signing Officer or Director

Date