2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 09, 2007
Secretary of State

DOCUMENT# P06000120879

Entity Name: SAFETY NET HOSPITAL ALLIANCE SERVICE CORPORATION

Current Principal Place of Business:

101 NORTH GADSDEN STREET
TALLAHASSEE, FL 32301

New Principal Place of Business:

Current Mailing Address:

101 NORTH GADSDEN STREET
TALLAHASSEE, FL 32301

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DELEGAL, MARK K
215 S. MONROE STREET
SECOND FLOOR
TALLAHASSEE, FL 32301 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: GOLDFARD, TIMOTHY M
Address: 1600 S.W. ARCHER ROAD, SUITE 10217
City-St-Zip: GAINESVILLE, FL 32610

Title: D ( ) Delete
Name: SONENREICH, STEVEN
Address: 7300 ALTON ROAD
City-St-Zip: MIAMI BEACH, FL 33140

Title: D ( ) Delete
Name: HILLENMEYER, JOHN W
Address: 1414 KUHL AVENUE
City-St-Zip: ORLANDO, FL 32806

Title: D ( ) Delete
Name: HYTOFF, RONALD A
Address: 2 COLUMBIA DRIVE, SUITE A109
City-St-Zip: TAMPA, FL 33606

Title: D ( ) Delete
Name: O'QUINN, MARVIN
Address: 1611 N.W. 12TH AVE, W.WING BLDG, STE. 117
City-St-Zip: MIAMI, FL 33136

Title: D ( ) Delete
Name: CARNES, GARY A
Address: 801 6TH STREET SOUTH
City-St-Zip: ST. PETERSBURG, FL 33701

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:

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

SIGNATURE: MARK K. DELEGAL SEC 07/09/2007
Electronic Signature of Signing Officer or Director Date