2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000120879

FILED Jan 26, 2009 Secretary of State

Entity Name: SAFETY NET HOSPITAL ALLIANCE SERVICE CORPORATION

Current Principal Place of Business:			New Principal Pl	New Principal Place of Business:	
	TH GADSDEN STREET SSEE, FL 32301				
	,				
urrent N	lailing Address:		New Mailing Add	lress:	
	TH GADSDEN STREET SSEE, FL 32301				
El Number	: FEI Numb	er Applied For ()	FEI Number Not Applicable (X	C) Certificate of Status Desired ()	
ame and	d Address of Current Re	gistered Agent:	Name and Addre	ss of New Registered Agent:	
15 S. MC ECOND	, MARK K NROE STREET FLOOR SSEE, FL 32301 US				
	e named entity submits thi e of Florida.	s statement for the p	urpose of changing its regis	tered office or registered agent, or both,	
IGNATU					
	Electronic Signatu	e of Registered Age	ent	Date	
ection Ca	mpaign Financing Trust Fund	Contribution ().			
FFICER	S AND DIRECTORS:		ADDITIONS/CHA	NGES TO OFFICERS AND DIRECTOR	
tle: ame: ldress: ty-St-Zip:	D () Delete SACCO, FRANK V 3501 JOHNSON STREET HOLLYWOOD, FL 33021		Title: Name: Address: City-St-Zip:	() Change () Addition	
tle: ame:	D () Delete SONENREICH, STEVEN		Title: Name:	() Change () Addition	
	7300 ALTON ROAD MIAMI BEACH, FL 33140		Address: City-St-Zip:		
ty-St-Zip: tle: ame: tdress:			Address:	()Change ()Addition	
ty-St-Zip: tle: ame: ddress: ty-St-Zip: tle: ame: ddress:	MIAMI BEACH, FL 33140 D () Delete HILLENMEYER, JOHN W 1414 KUHL AVENUE	A109	Address: City-St-Zip: Title: Name: Address:	() Change () Addition () Change () Addition	
ddress: ity-St-Zip: tle: ame: ddress: ity-St-Zip: tle: ame: ddress: ity-St-Zip: tle: ame: ddress: ity-St-Zip:	MIAMI BEACH, FL 33140 D () Delete HILLENMEYER, JOHN W 1414 KUHL AVENUE ORLANDO, FL 32806 D () Delete HYTOFF, RONALD A 2 COLUMBIA DRIVE, SUITE		Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: D Name: Address: Address: Title: D Name: Address: Address:	• • • • • • • • • • • • • • • • • • • •	

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 RA 01/26/2009