

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000120879

FILED
Jan 11, 2012
Secretary of State

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 ()** **FEI Number Not Applicable (X)** **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

OFFICERS AND DIRECTORS:

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

Title: D
Name: FEASEL, JEFF
Address: 303 N. CLYDE MORRIS BLVD.
City-St-Zip: DAYTONA BEACH, FL 32124

Title: D
Name: SONENRIECH, STEVEN
Address: 4300 ALTON ROAD
City-St-Zip: MIAMI BEACH, FL 33140

Title: D
Name: MACKENZIE, GWEN
Address: 1700 S. TAMiami TRAIL
City-St-Zip: SARASOTA, FL 34239

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

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: MARK DELEGAL

RA

01/11/2012

Electronic Signature of Signing Officer or Director

Date