

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000155898

FILED
Apr 26, 2012
Secretary of State

Entity Name: PALM COAST HEALTH CARE, INC.

Current Principal Place of Business:

3701 W MCNAB RD
POMPANO BEACH, FL 33069 US

New Principal Place of Business:

Current Mailing Address:

4920 W CYPRESS ST
SUITE 108
TAMPA, FL 33607 US

New Mailing Address:

FEI Number: 20-8087679 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 RD
FORT LAUDERDALE, 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: DCEO
Name: SHERIFF, W E
Address: 111 WESTWOOD PLACE, SUITE 400
City-St-Zip: BRENTWOOD, TN 37027 US

Title: DVS
Name: SMITH, ANDREW
Address: 111 WESTWOOD PLACE, SUITE 400
City-St-Zip: BRENTWOOD, TN 32027 US

Title: PCFO
Name: OHLENDORF, MARK W
Address: 6737 WEST WASHINGTON
City-St-Zip: MILWAUKEE, WI 53214 US

Title: P
Name: RIJOS, JOHN P
Address: 515 NORTH STATE STREET SUITE 1750
City-St-Zip: CHICAGO, IL 60654 US

Title: EVPT
Name: FERGE, KRISTIN A
Address: 6737 WEST WASHINGTON, SUITE 2300
City-St-Zip: MILWAUKEE, WI 53214 US

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: JOHN P. RIJOS

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04/26/2012

Electronic Signature of Signing Officer or Director

_____ Date