

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P15544

FILED
Apr 21, 2009
Secretary of State

Entity Name: NORTHERN FLORIDA HEALTH PROPERTIES, INC.

Current Principal Place of Business:

189 SAN MARCO
ST. AUGUSTINE, FL 32084 US

New Principal Place of Business:

PMB 158 5342 CLARK ROAD
SARASOTA, FL 34233 US

Current Mailing Address:

PMB 158 5342 CLARK RD
SARASOTA, FL 342333227

New Mailing Address:

FEI Number: 59-2830515 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

KISTLER, RICHARD L.
PMB 158
5342 CLARK ROAD
SARASOTA, FL 342333227 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: ROSNER, JAMES C.
Address: 45 PROGRESS PARKWAY
City-St-Zip: MARYLAND HEIGHTS, MO

Title: D () Delete
Name: SAENGER, LEO C. JR.
Address: 12412 POWERS COURT DR STE 150
City-St-Zip: SAINT LOUIS, MO 63141

Title: PD () Delete
Name: KISTLER, RICHARD L.
Address: 1266 1ST STREET
City-St-Zip: SARASOTA, FL

Title: S () Delete
Name: REITER, MARY
Address: 1266 FIRST ST. STE 8
City-St-Zip: SARASOTA, FL 34236

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: PD (X) Change () Addition
Name: KISTLER, RICHARD L.
Address: PMB 158 5342 CLARK ROAD
City-St-Zip: SARASOTA, FL 34233 US

Title: S (X) Change () Addition
Name: REITER, MARY
Address: PMB 158 5342 CLARK ROAD
City-St-Zip: SARASOTA, FL 34233 US

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: RICHARD L. KISTLER

PRES

04/21/2009

Electronic Signature of Signing Officer or Director

_____ Date