

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000042391

FILED  
Apr 05, 2005  
Secretary of State

Entity Name: SEBASTIAN HOSPITAL, INC.

## Current Principal Place of Business:

13695 US HIGHWAY 1  
SEBASTIAN, FL 329583230 US

## New Principal Place of Business:

## Current Mailing Address:

5811 PELICAN BAY BLVD.  
SUITE 500  
NAPLES, FL 341082711 US

## New Mailing Address:

FEI Number: 65-0425888      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION, 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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: VSD ( ) Delete  
Name: PARRY, TIMOTHY R  
Address: 5811 PLECAN BAY BLVD SUITE 500  
City-St-Zip: NAPLES, FL 341082711

Title: PD ( ) Delete  
Name: BURKE, KATHY A  
Address: 13695 US HIGHWAY 1  
City-St-Zip: SEBASTIAN, FL 32958

Title: T ( ) Delete  
Name: MCEACHERN, JOHN S  
Address: 13695 US HIGHWAY 1  
City-St-Zip: SEBASTIAN, FL 32958

Title: VD ( ) Delete  
Name: MIDKIFF, STEPHEN L  
Address: 13695 US HIGHWAY 1  
City-St-Zip: SEBASTIAN, FL 32958

Title: CNO ( ) Delete  
Name: WHITE, CAROLIE  
Address: 13695 US HIGHWAY 1  
City-St-Zip: SEBASTIAN, FL 32958

## 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:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: TIMOTHY R. PARRY

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04/05/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date