

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000042391

Entity Name: SEBASTIAN HOSPITAL, INC.

FILED
Apr 17, 2008
Secretary of State

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:

5811 PELICAN BAY BLVD., #500
ATTN: LEGAL DEPT
NAPLES, FL 341082711 US

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 PELICAN 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: ARMSTRONG, SANDRA
Address: 13695 US HIGHWAY 1
City-St-Zip: SEBASTIAN, FL 32958

Title: ASEC (X) Delete
Name: HOLLOWAY, KATHLEEN K
Address: 5811 PELICAN BAY BLVD STE 500
City-St-Zip: NAPLES, FL 34108

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: PD (X) Change () Addition
Name: HOLLIMAN, EMILY L
Address: 13695 US HIGHWAY 1
City-St-Zip: SEBASTIAN, FL 32958

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 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: TIMOTHY R. PARRY

VPS

04/17/2008

Electronic Signature of Signing Officer or Director

Date