

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000096192

FILED
Feb 08, 2012
Secretary of State

Entity Name: OCEANWAY MEDICAL CENTER, INC.

Current Principal Place of Business:

11513 NORTH MAIN STREET
JACKSONVILLE, FL 322184002

New Principal Place of Business:

11513 NORTH MAIN STREET
JACKSONVILLE, FL 322184002 US

Current Mailing Address:

11513 NORTH MAIN STREET
JACKSONVILLE, FL 322184002

New Mailing Address:

11513 NORTH MAIN STREET
JACKSONVILLE, FL 322184002 US

FEI Number: 59-3606613

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BATEH, RICKY P
8843 SAN JOSE BOULEVARD, SUITE 1
JACKSONVILLE, FL 32217 US

Name and Address of New Registered Agent:

BATEH, RICKY P
6420 GREENLAND CHASE BOULEVARD
JACKSONVILLE, FL 32258 US

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: RICKY P BATEH

02/08/2012

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P
Name: MICOLUCCI, JEANNE B
Address: 904 ORIENTAL GARDENS
City-St-Zip: JACKSONVILLE, FL 32207 US

Title: VP
Name: MICOLUCCI, VICTOR C
Address: 904 ORIENTAL GARDENS
City-St-Zip: JACKSONVILLE, FL 32207 US

Title: S
Name: BATEH, RICKY P
Address: 8843 SAN JOSE BOULEVARD, SUITE 1
City-St-Zip: JACKSONVILLE, FL 32217 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: JEANNE MICOLUCCI

P

02/08/2012

Electronic Signature of Signing Officer or Director

Date