

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S59481

FILED  
Apr 04, 2012  
Secretary of State

**Entity Name:** GH PARTNERSHIP HOLDINGS PPA, INC.

**Current Principal Place of Business:**

3599 UNIVERSITY BLVD. SOUTH  
JACKSONVILLE, FL 32216

**New Principal Place of Business:**

**Current Mailing Address:**

3599 UNIVERSITY BLVD. SOUTH  
JACKSONVILLE, FL 32216

**New Mailing Address:**

FEI Number: 59-3075439

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

PRITCHARD, ROBERT H  
1301 RIVERPLACE BLVD. SUITE 1500  
JACKSONVILLE, FL 32207 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: D  
Name: SNEED, GARY W  
Address: 3599 UNIVERSITY BLVD. SOUTH  
City-St-Zip: JACKSONVILLE, FL

Title: DV  
Name: SPIGEL, MICHAEL  
Address: 8631 SAN SERVERA DRIVE E  
City-St-Zip: JACKSONVILLE, FL 32217

Title: DCP  
Name: BAER, DOUGLAS M.  
Address: 77 TALLWOOD ROAD  
City-St-Zip: JACKSONVILLE BEACH, FL 32250

Title: ST  
Name: BLAKE, BRUCE M  
Address: 211 HUNSTON WAY  
City-St-Zip: ST JOHNS, FL 32259

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: DOUGLAS M. BAER

DCP

04/04/2012

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date