

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000001310

Entity Name: BAYCARE ALLIANT HOSPITAL, INC.**Current Principal Place of Business:**601 MAIN STREET
MS #402
DUNEDIN, FL 34698**Current Mailing Address:**601 MAIN STREET
MS #402
DUNEDIN, FL 34698**FEI Number:** 05-0615150**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**METZLER, MARCI
601 MAIN STREET
MS #402
DUNEDIN, FL 34698 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:** MARCI METZLER

06/17/2020

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIRECTOR
Name BOKOR, BRUCE
Address 911 CHESTNUT STREET
City-State-Zip: CLEARWATER FL 33756

Title CHAIRMAN
Name HOLDERITH, ALAN
Address 620 DREW STREET
City-State-Zip: CLEARWATER FL 33755

Title DIRECTOR
Name HAMILTON, KEN
Address 10 BAY ESPLANADE
City-State-Zip: CLEARWATER FL 34630

Title DIRECTOR
Name SORIANO, SU
Address 601 MAIN STREET
MS #402
City-State-Zip: DUNEDIN FL 34698

Title DIRECTOR
Name WATERS, GLENN
Address 2985 DREW STREET
City-State-Zip: CLEARWATER FL 33759

Title DIRECTOR
Name BEAMON, RON
Address ST. ANTHONY'S HOSPITAL, 1200 7TH
AVENUE N,
City-State-Zip: ST. PETE FL 33705

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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: GLENN WATERS

DIRECTOR

06/17/2020

Electronic Signature of Signing Officer/Director Detail

Date