

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N18389

Entity Name: HERNANDO HEALTHCARE FOUNDATION, INC.

Current Principal Place of Business:

18 NO. BROAD ST.
BROOKSVILLE, FL 34601

Current Mailing Address:

18 NO. BROAD ST.
BROOKSVILLE, FL 34601

FEI Number: 59-2756094

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

GARY, MARY BETH
18 N BROAD ST
BROOKSVILLE, FL 34601 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:

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DC
Name HOGAN, THOMAS A
Address 22331 POWELL RD
City-State-Zip: BROOKSVILLE FL 34602

Title DT
Name EMERSON, STEVE
Address 22950 JACOBSEN ROAD
City-State-Zip: BROOKSVILLE FL 34601

Title D
Name MCATEER, DERRILL
Address 9025 CITRUS WAY
City-State-Zip: BROOKSVILLE FL 34601

Title DS
Name SAMPLES, GAIL
Address 437 BELL AVENUE
City-State-Zip: BROOKSVILLE FL 34601

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: STEVE EMERSON

DT

03/22/2013

Electronic Signature of Signing Officer/Director Detail

Date