

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N42167

**FILED**  
**Apr 09, 2015**  
**Secretary of State**  
**CC5072651052**

**Entity Name:** CALHOUN-LIBERTY HOSPITAL ASSOCIATION, INC.

**Current Principal Place of Business:**

20370 NE BURNS AVENUE  
BLOUNTSTOWN, FL 32424

**Current Mailing Address:**

P.O. BOX 419  
BLOUNTSTOWN, FL 32424

**FEI Number:** 59-3051173

**Certificate of Status Desired:** No

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

HILL, PHILLIP E  
20370 NE BURNS AVENUE  
BLOUNTSTOWN, FL 32424 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 P  
Name WILLIAMS, LADDIE  
Address 17371 NW 5TH STREET  
City-State-Zip: BLOUNTSTOWN FL 32424

Title T  
Name ATTAWAY, RUTH  
Address 22268 SR 71N  
City-State-Zip: ALTHA FL 32421

Title S  
Name RUSSELL, MARILYN  
Address 19306 NE JOHN G. BRYANT RD  
City-State-Zip: BLOUNTSTOWN FL 32424

Title V  
Name BONTRAGER, LABAN DMD  
Address 12799 NW PEA RIDGE RD  
City-State-Zip: BRISTOL FL 32321

Title D  
Name SMITH, PAUL  
Address 26516 NE SR 69  
City-State-Zip: GRAND RIDGE FL 32442

Title D  
Name TOMLINSON, JOHN JR.  
Address 20007 NE HENTZ AVE.  
City-State-Zip: BLOUNTSTOWN FL 32424

*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: LADDIE WILLIAMS**

**BOARD CHAIRMAN**

**04/09/2015**

Electronic Signature of Signing Officer/Director Detail

Date