

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N42167

FILED
Apr 12, 2013
Secretary of State
CC8138748887

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

Title D
Name LATHEN, ANNE
Address 12531 NW FREEMAN RD.
City-State-Zip: BRISTOL FL 32321

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

04/12/2013

Electronic Signature of Signing Officer/Director Detail

Date