


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 08, 2004 8:00 am
Secretary of State

03-08-2004 90048 032 ****61.25

DOCUMENT # N00000003887					
1. Entity Name NATURE COAST EMERGENCY MEDICAL FOUNDATION, INC.					
Principal Place of Business 3380 E GULF TO LAEK HWY INVERNESS, FL 34453			Mailing Address 3380 E GULF TO LAEK HWY INVERNESS, FL 34453		
2. Principal Place of Business 3380 E Gulf to Lake Hwy		3. Mailing Address 3380 E Gulf to Lake Hwy			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		02252004 Chg-NP CR2E037 (10/03)	
City & State		City & State		4. FEI Number 65-1021027	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
NEAL, JAMES A JR 213 COURTHOUSE SQUARE INVERNESS, FL 34450			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL Zip Code		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	SD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	GRIFFITHS, LAWRENCE	NAME			
STREET ADDRESS	2752 W SUNRISE STREET	STREET ADDRESS			
CITY-ST-ZIP	LECANTO, FL 34461	CITY-ST-ZIP			
TITLE	VD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HENSLEY, EMERY	NAME			
STREET ADDRESS	502 W. HIGHLAND BLVD.	STREET ADDRESS			
CITY-ST-ZIP	INVERNESS, FL 34450	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MCKENNA, DON	NAME	Kuhn, Steve		
STREET ADDRESS	6201 N. SUNCOAST BLVD.	STREET ADDRESS			
CITY-ST-ZIP	CRYSTAL RIVER, FL 34429	CITY-ST-ZIP			
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BLUME, ROBERT L JR	NAME	Martin Luther King Ave.		
STREET ADDRESS	1 SOUTH PARK AVENUE	STREET ADDRESS			
CITY-ST-ZIP	INVERNESS, FL 34450	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	FARLEY, JIM	NAME	Rowland, Gordon		
STREET ADDRESS	123 N.W. HIGHWAY 19	STREET ADDRESS			
CITY-ST-ZIP	CRYSTAL RIVER, FL 34429	CITY-ST-ZIP			
TITLE	TD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BENNETT, C. JOSEPH JR	NAME			
STREET ADDRESS	605 W. HIGHLAND AVENUE	STREET ADDRESS			
CITY-ST-ZIP	INVERNESS, FL 34450	CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>RLJ</u> _____ DATE: _____ DAYTIME PHONE # _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

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