

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2005 8:00 am
Secretary of State

01-25-2005 90041 008 ****70.00

DOCUMENT # N00000003887
 1. Entity Name
NATURE COAST EMERGENCY MEDICAL FOUNDATION, INC.



40006043



Principal Place of Business
 3380 E GULF TO LAKE HWY.
 INVERNESS, FL 34453

Mailing Address
 3380 E GULF TO LAKE HWY.
 INVERNESS, FL 34453

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

Zip Country

6.. Name and Address of Current Registered Agent
NEAL, JAMES A JR
213 COURTHOUSE SQUARE
INVERNESS, FL 34450

01072005 Chg-NP CR2E037 (10/03)

4. FEI Number
65-1021027

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

7. Name and Address of New Registered Agent

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. **\$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** Delete
 NAME **GRIFFITHS, LAWRENCE**
 STREET ADDRESS **2752 W SUNRISE STREET**
 CITY-ST-ZIP **LECANTO, FL 34461**

TITLE **D** Change Addition
 NAME **Griffiths, Lawrence**
 STREET ADDRESS **2752 W. Sunrise Street**
 CITY-ST-ZIP **Lecanto, FL 34461**

TITLE **VD** Delete
 NAME **HENSLEY, EMERY**
 STREET ADDRESS **502 W. HIGHLAND BLVD.**
 CITY-ST-ZIP **INVERNESS, FL 34450**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **KUHN, STEVE**
 STREET ADDRESS **6201 N. SUNCOAST BLVD.**
 CITY-ST-ZIP **CRYSTAL RIVER, FL 34429**

TITLE **SD** Change Addition
 NAME **Kuhn, Steve**
 STREET ADDRESS **6201 N. Suncoast Blvd.**
 CITY-ST-ZIP **Crystal River, FL 34429**

TITLE **PD** Delete
 NAME **BLUME, ROBERT L JR**
 STREET ADDRESS **1 MARTIN LUTHER KING AVE.**
 CITY-ST-ZIP **INVERNESS, FL 34450**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **ROWLAND, GORDON**
 STREET ADDRESS **123 N.W. HIGHWAY 19**
 CITY-ST-ZIP **CRYSTAL RIVER, FL 34429**

TITLE **TD** Change Addition
 NAME **Ruben, Bradley**
 STREET ADDRESS **2484 N. Essex Ave.**
 CITY-ST-ZIP **Hernando, FL 34442**

TITLE **TD** Delete
 NAME **BENNETT, C. JOSEPH JR**
 STREET ADDRESS **605 W. HIGHLAND AVENUE**
 CITY-ST-ZIP **INVERNESS, FL 34450**

TITLE **D** Change Addition
 NAME **Bennett, C. Joseph JR**
 STREET ADDRESS **605 W. Highland Blvd.**
 CITY-ST-ZIP **Inverness, FL 34450**

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: Emery Hensley
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/21/05
 Date Daytime Phone #