

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 17, 2006
Secretary of State**

DOCUMENT# N00000003887

Entity Name: NATURE COAST EMERGENCY MEDICAL FOUNDATION, INC.

Current Principal Place of Business:

3380 E GULF TO LAKE HWY.
INVERNESS, FL 34453

New Principal Place of Business:

Current Mailing Address:

3380 E GULF TO LAKE HWY.
INVERNESS, FL 34453

New Mailing Address:

FEI Number: 65-1021027 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

NEAL, JAMES A JR
213 COURTHOUSE SQUARE
INVERNESS, FL 34450 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: GRIFFITHS, LAWRENCE
Address: 2752 W SUNRISE STREET
City-St-Zip: LECANTO, FL 34461

Title: VD () Delete
Name: HENSLEY, EMERY
Address: 502 W. HIGHLAND BLVD.
City-St-Zip: INVERNESS, FL 34450

Title: SD () Delete
Name: KUHN, STEVE
Address: 6201 N. SUNCOAST BLVD.
City-St-Zip: CRYSTAL RIVER, FL 34429

Title: PD () Delete
Name: BLUME, ROBERT L JR
Address: 1 MARTIN LUTHER KING AVE.
City-St-Zip: INVERNESS, FL 34450

Title: TD () Delete
Name: RUBEN, BRADLEY
Address: 2484 NORTH ESSEX AVENUE
City-St-Zip: HERNANDO, FL 34442

Title: D () Delete
Name: BENNETT, C. JOSEPH JR
Address: 605 W. HIGHLAND AVENUE
City-St-Zip: INVERNESS, FL 34450

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: HENSLEY, EMERY
Address: 502 W HIGHLAND BLVD
City-St-Zip: INVERNESS, FL 34452

Title: VD (X) Change () Addition
Name: KUHN, STEVE
Address: 6201 N SUNCOAST BLVD
City-St-Zip: CRYSTAL RIVER, FL 34428

Title: SD (X) Change () Addition
Name: BLUME, ROBERT L JR
Address: 1 DR MARTIN LUTHER KING JR AVE
City-St-Zip: INVERNESS, FL 34450

Title: TD (X) Change () Addition
Name: RUBEN, BRADLEY
Address: 2484 N ESSEX AVE
City-St-Zip: HERNANDO, FL 34442

Title: D (X) Change () Addition
Name: MARTIN, HOLLY
Address: 898 PRITCHARD ISLAND RD
City-St-Zip: INVERNESS, FL 34450

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: EMERY HENSLEY

PD

04/17/2006

Electronic Signature of Signing Officer or Director

Date