


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 29, 2007 8:00 am**  
**Secretary of State**

01-29-2007 90087 048 \*\*\*\*61.25

<b>DOCUMENT # N00000003887</b>			
1. Entity Name NATURE COAST EMERGENCY MEDICAL FOUNDATION, INC.		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 - No P.O. Box #	
3. Mailing Address		Suite, Apt. #, etc.	
City & State		City & State	
Zip		Country	
4. FEI Number 65-1021027		Applied For Not Applicable	
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 <b>FL</b> 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, 2007		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 NAME STREET ADDRESS CITY - ST - ZIP	PD HENSLEY, EMERY 502 W HIGHLAND BLVD INVERNESS, FL 34452 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD KUHN, STEVE 6201 N SUNCOAST BLVD CRYSTAL RIVER, FL 34428 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD JOYCE BRANCATO 6201 N. SUNCOAST BLVD CRYSTAL RIVER, FL 34428 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD BLUME, ROBERT L JR 1 DR MARTIN LUTHER KING JR AVE INVERNESS, FL 34450 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD RUBEN, BRADLEY 2484 N ESSEX AVE HERNANDO, FL 34442 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MARTIN, HOLLY 898 PRITCHARD ISLAND RD INVERNESS, FL 34450 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	CK. NO. <u>11331</u> DATE <u>1/18/07</u> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BENNETT, C. JOSEPH JR 605 W. HIGHLAND AVENUE INVERNESS, FL 34450 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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>Leresa Burgess</u>		Date: <u>1-25-07</u> Daytime Phone #: <u>352-6374121</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			



01162007 Chg-NP CR2E037 (12/06)

4. FEI Number 65-1021027 Applied For Not Applicable

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

Filing Fee is \$61.25 Due by May 1, 2007

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Make check payable to Florida Department of State

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**PAID**

CK. NO. 11331  
DATE 1/18/07

SIGNATURE: Leresa Burgess  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 1-25-07 Daytime Phone #: 352-6374121