

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000003887

FILED
Jan 18, 2011
Secretary of State

Entity Name: NATURE COAST EMERGENCY MEDICAL FOUNDATION, INC.

Current Principal Place of Business:

3876 W COUNTRY HILL DR
LECANTO, FL 34461

New Principal Place of Business:

Current Mailing Address:

3876 W COUNTRY HILL DR
LECANTO, FL 34461

New Mailing Address:

FEI Number: 65-1021027

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MARIE T. BLUME, P.A.
111 W. MAIN STREET
SUITE 204
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: CH
Name: BRANCATO, JOYCE
Address: 6201 N SUNCOAST BLVD
City-St-Zip: CRYSTAL RIVER, FL 34429

Title: VC/S
Name: ECKSTEIN, JOSEPH
Address: 3549 SAUNDERS WAY
City-St-Zip: LECANTO, FL 34461

Title: T
Name: RUBEN, BRADLEY
Address: 2484 N ESSEX AVE
City-St-Zip: HERNANDO, FL 34442

Title: D
Name: BENNETT, JOSEPH
Address: 522 N LECANTO HWY
City-St-Zip: LECANTO, FL 34461

Title: D
Name: HEDGES, MARY
Address: 2505 N STAMPEDE DR
City-St-Zip: BEVERLY HILLS, FL 34465

Title: D
Name: DAVIS, GENE
Address: 110 HIGHLAND BLVD
City-St-Zip: INVERNESS, FL 34452

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: JOYCE BRANCATO

CH

01/18/2011

Electronic Signature of Signing Officer or Director

Date