
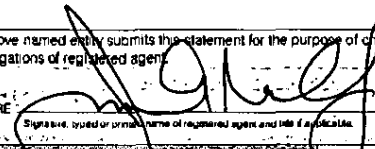
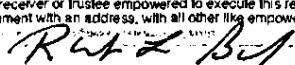


03-31-2003 90218 023 ****61.25

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**2003 NOT-FOR-PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # N00000003887																											
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 3380 E. Gulf to Lake Hwy Suite, Apt. #, etc.		3. Mailing Address 3380 E. Gulf to Lake Hwy. Suite, Apt. #, etc.																									
4. City & State Inverness FL		5. City & State Inverness																									
6. Zip 34453		7. Country USA																									
8. Certificate of Status Desired <input type="checkbox"/>		9. \$8.75 Additional Fee Required																									
10. Name and Address of Current Registered Agent NEAL, JAMES A JR 452 PLEASANT GROVE ROAD INVERNESS, FL 34452		11. Name and Address of New Registered Agent Name: Neal, James A. JR Street Address (P.O. Box Number is Not Acceptable): 213 Courthouse Square City: Inverness FL Zip Code: 34450																									
12. 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: 3/17/03																									
13. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		14. \$5.00 May Be Added to Fees																									
15. FILE NOW - FEES \$61.25		16. Make Check Payable to Florida Department of State																									
17. OFFICERS AND DIRECTORS		18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10																									
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19. 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: 		DATE: 3/21/03 (352) 726-1116																									
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE																									

CR2E037 (1/02)