

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000004253

FILED
Apr 11, 2012
Secretary of State

Entity Name: NATURE COAST COMMUNITY HEALTH CENTER, INC.

Current Principal Place of Business:

300 SOUTH MAIN STREET
BROOKSVILLE, FL 34601

New Principal Place of Business:

7551 FOREST OAKS BLVD
SPRING HILL, FL 34606

Current Mailing Address:

300 SOUTH MAIN STREET
BROOKSVILLE, FL 34601

New Mailing Address:

7551 FOREST OAKS BLVD
SPRING HILL, FL 34606

FEI Number: 51-0512308

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CALLAGHAN, ELIZABETH A
300 SOUTH MAIN STREET
BROOKSVILLE, FL 34601 US

Name and Address of New Registered Agent:

SPENCE, PHILIP W
7551 FOREST OAKS BLVD
SPRING HILL, FL 34606 US

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: PHILIP W. SPENCE

04/11/2012

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: C
Name: WORLEY, DARLENE
Address: 11012 UPTON STREET
City-St-Zip: BROOKSVILLE, FL 34609

Title: C
Name: FRAZIER, BRENDA
Address: 20 NORTH MAIN STREET
City-St-Zip: BROOKSVILLE, FL 34601

Title: T
Name: DANIEL, DEBBIE
Address: 17240 CORTEZ BLVD.
City-St-Zip: BROOKSVILLE, FL 34601

Title: S
Name: BLACK, VIENNESSE
Address: P.O. BOX 10513
City-St-Zip: BROOKSVILLE, FL 34603

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: DARLENE R. WORLEY

C

04/11/2012

Electronic Signature of Signing Officer or Director

Date