DOCUMENT # N19803

1. Entity Name

CITRUS MEMORIAL HEALTH FOUNDATION, INC.

Mar 08, 2000 8:00 am
Secretary of State
03-08-2000 90080 047 ****61.25

Principal Place of Business	Mailing Address
% CHARLES A. BLASBAND 502 HIGHLAND BLVD. INVERNESS FL 34452-4754 US	% CHARLES A. BLASBAND 502 HIGHLAND BLVD. INVERNESS FL 34452-4720 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-2890430 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BLASBAND, CHARLES A. 502 HIGHLAND BLVD. INVERNESS FL 34452	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** 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.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25	9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees	**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P BLASBAND, CHARLES A. 502 HIGHLAND BLVD. INVERNESS FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DC HENIGAR, ROBERT L 640 E. STATE RD, 44 CRYSTAL RIVER FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV BRANNE, JOE S 320 HIGHWAY 41 SOUTH INVERNESS FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DC	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D JORDAN, MARILYN 502 HIGHLAND BLVD. INVERNESS FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ALCORN, STEPHEN W. 609 W. HIGHLAND BLVD. INVERNESS FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KOFMEHL, C. PHILIP 502 HIGHLAND BLVD. INVERNESS FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (9/99)

12. 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: Charles A. Blasband SIGNATURE REQUIRED _____ 2-29-00 352-726-1551
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

N19863 623304

ATTACHMENT TO 2000 CORPORATION ANNUAL REPORT
CITRUS MEMORIAL HEALTH FOUNDATION, INC.
FEI NUMBER 59-2890430

BOX 11 OFFICERS AND DIRECTORS CHANGES

7.1 DST DV Change
7.2 Langer, David
7.3 502 Highland Blvd.
7.4 Inverness, FL 34452

8.1 D
8.2 Sanders, James T.
8.3 502 Highland Blvd.
8.4 Inverness, FL 34452

9.1 D DST Change
9.2 Langley, Alida
9.3 502 Highland Blvd.
9.4 Inverness, FL 34452

10.1 D
10.2 Jenkins, Randall
10.3 502 Highland Blvd.
10.4 Inverness, FL 34452

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