2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2012
Secretary of State

DOCUMENT# N19863

Entity Name: CITRUS MEMORIAL HEALTH FOUNDATION, INC.

Current Principal Place of Business:

502 W. HIGHLAND BLVD.
INVERNESS, FL 344524754 US

New Principal Place of Business:

Current Mailing Address:

502 W. HIGHLAND BLVD.
INVERNESS, FL 344524754 US

New Mailing Address:

FEI Number: 59-2890430 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BEATY, RYAN D
502 W. HIGHLAND BLVD.
INVERNESS, FL 34452 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: PCEO
Name: BEATY, RYAN D
Address: 502 W. HIGHLAND BLVD.
City-St-Zip: INVERNESS, FL 34452 US

Title: ST
Name: CHADWICK, SANDRA
Address: 502 W. HIGHLAND BLVD
City-St-Zip: INVERNESS, FL 34452 US

Title: VC
Name: COLLINS, ROBERT
Address: 502 W. HIGHLAND BLVD
City-St-Zip: INVERNESS, FL 34452

Title: D
Name: HENIGAR, ROBERT L
Address: 502 W. HIGHLAND BLVD
City-St-Zip: INVERNESS, FL 34452 US

Title: D
Name: BRANNEN, JOSEPH S
Address: 502 W. HIGHLAND BLVD
City-St-Zip: INVERNESS, FL 34452

Title: C
Name: SANDERS, JAMES T
Address: 502 W. 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: MARK A WILLIAMS CFO 02/13/2012

Electronic Signature of Signing Officer or Director — Date