2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2004
Secretary of State

DOCUMENT# N43080

Entity Name: COMMUNITY HEALTH SERVICES OF MARION COUNTY, INC.

Current Principal Place of Business:

% GARY C. SIMONS
121 NW 3RD ST.
OCALA, FL 34475 US

New Principal Place of Business:

Current Mailing Address:

% GARY C. SIMONS
121 NW 3RD ST.
OCALA, FL 34475 US

New Mailing Address:

FEI Number: 59-3061037 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

SIMONS, GARY C.
121 NW 3RD ST.
OCALA, FL 32670

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: DV ( ) Delete
Name: MICHELL, DYER T.
Address: 131 SW 15TH ST.
City-St-Zip: OCALA, FL

Title: DS ( ) Delete
Name: MUTARELLI, RICHARD D.
Address: 131 SW 15TH ST.
City-St-Zip: OCALA, FL

Title: DP ( ) Delete
Name: WOOD, JAMES
Address: 1431 SW 1ST AVE
City-St-Zip: OCALA, FL 34474

Title: DT ( ) Delete
Name: MARKS, MICHAEL
Address: 1431 SW 1ST AVENUE
City-St-Zip: OCALA, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DV (X) Change ( ) Addition
Name: MICHELL, DYER T.
Address: 1500 SW 1ST AVENUE
City-St-Zip: OCALA, FL

Title: DS (X) Change ( ) Addition
Name: MUTARELLI, RICHARD D.
Address: 1500 SW 1ST AVENUE
City-St-Zip: OCALA, FL

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: RICHARD D. MUTARELLI DS 04/15/2004

Electronic Signature of Signing Officer or Director — Date