2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2006
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 US

Name and Address of New Registered Agent:

SIMONS, GARY C.
121 NW 3RD ST.
OCALA, FL 34475 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: GARY C. SIMONS 01/26/2006
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: DV ( ) Delete
Name: MICHELL, DYER T.
Address: 1500 SW 1ST AVENUE
City-St-Zip: OCALA, FL 34474 US

Title: DS ( ) Delete
Name: MUTARELLI, RICHARD D.
Address: 1500 SW 1ST AVENUE
City-St-Zip: OCALA, FL 34474 US

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

Title: DT ( ) Delete
Name: JEFFREY, BAIOCCO
Address: 1431 SW 1ST AVENUE
City-St-Zip: OCALA, FL 34474 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change ( ) Addition
Name: CLARK, PAUL
Address: 1500 SW 1ST AVENUE
City-St-Zip: OCALA, FL 34474 US

Title: DT (X) Change ( ) Addition
Name: MUTARELLI, RICHARD D.
Address: 1500 SW 1ST AVENUE
City-St-Zip: OCALA, FL 34474 US

Title: DV (X) Change ( ) Addition
Name: KARSNER, GARRY
Address: 1431 SW 1ST AVE
City-St-Zip: OCALA, FL 34474 US

Title: DS (X) Change ( ) Addition
Name: JEFFREY, BAIOCCO
Address: 1431 SW 1ST AVENUE
City-St-Zip: OCALA, FL 34474 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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 EVP 01/26/2006
Electronic Signature of Signing Officer or Director Date