

2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # N43080

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



FILED

07 NOV -5 AM 11:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
1025 SW 1ST AVENUE
OCALA, FL 34474 US

Mailing Address
P.O. BOX 6000
OCALA, FL 34478 US



2. Principal Place of Business - No P.O. Box #
333 NW 3rd Avenue

3. Mailing Address
333 NW 3rd Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

10292007 Chg-NP CR2E037 (12/06)

City & State

Ocala, FL

City & State

Ocala, FL

4. FEI Number
59-3061037

Applied For
Not Applicable

Zip
34475

Country
USA

Zip
34475

Country
USA

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

6. Name and Address of Current Registered Agent

RICHARD D. MUTARELLI
1500 SW 1ST AVENUE
OCALA, FL 34474

7. Name and Address of New Registered Agent

Name
H. Randolph Klein
Street Address (P.O. Box Number is Not Acceptable)
333 NW 3rd Avenue
City
Ocala FL Zip Code 34475

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

H. Randolph Klein

October 30 2007

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Amended AR is \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DP
CLARK, PAUL
1500 SW 1ST AVENUE
OCALA, FL 34474 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DT
MUTARELLI, RICHARD D.
1500 SW 1ST AVENUE
OCALA, FL 34474 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DV
KARSNER, GARRY
1431 SW 1ST AVE
OCALA, FL 34474 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DS
JEFFREY, BAIocco
1431 SW 1ST AVENUE
OCALA, FL 34474 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
11/17 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DP
Dyer Michell
2324 SE 14th Street, Ocala, FL 34471 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DT
Evelyn Rusciolelli
2303 SE 17th Street, Suite 101, Ocala, FL 34474 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DV
Henry L. Harrell, Jr.
1706 SE 28th Street, Ocala, FL 34471 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DS
Paul E. Miles
PO Box 204, Silver Springs, FL 34489 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
300112269759
11/14/07--01014--020 ***70.00 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

[Signature]

Oct. 30 2007 (352) 732-7750

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #