## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## **FILED** Feb 08, 2008 8:00 am Secretary of State 02-08-2008 90035 032 \*\*\*\*70.00

DOCUMENT # N43080  1. Entity Name COMMUNITY HEALTH SERVICES OF MARION COUNTY, INC.					02-08-2008 900	35 032 ***	**70.00	
333 NW 3RD AVENUE 333		Maifing Address 333 NW 3RD AVENUE OCALA, FL 34475 US	3 NW 3RD AVENUE					
2. Principal P	Place of Business - No P.O. Box #	3. Mailing Address				1184 B1811 B1818 B181	1311 II (26f	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		hg-NP CR2E	037 (12/06)		
City & State		City & State		4. FEI Number 59-39610	<del>37 59-3</del> 0603	78	oplied For ot Applicable	
Ζίρ	Country	Zip	Country	5. Certificate of S	Status Desired	\$8.75 Add		
	6. Name and Address of Current I	Registered Agent		7. Name and Ad	dress of New Registere	d Agent		
			Name	Name				
KLEIN, H. RANDOLPH 333 NW 3RD AVENUE OCALA, FL 34475			Street Addre	Street Address (P.O. Box Number is Not Acceptable)				
	·		City		F	Zip Cod	le	
	named entity submits this statement for		- internal office or soci	intered exect or both h	_	- ı	and accept	
	tions of registered agent.							
	Signature, typed or printed name of registered agent a	nd the if applicable. (NOTE: I	Registered Agent signature rec	quired when reinstating)	DATE	: 		
	Signature, typed or private name of registated agent at Filling Fee is \$81,25 Due by May 1, 2008	9. Election Camp Trust Fund Co	paign Financing	\$5.00 May Be Added to Fees	Make che	ck payable b	tate	
10.	Filing Fee is \$61,25	9. Election Camp Trust Fund Co	paign Financing	\$5.00 May Be Added to Fees	Make che	ck payable to artment of S	tate	
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10. TITLE NAME STREET ADDRESS	Filing Fee is \$81.25 Due by May 1, 2008  OFFICERS AND DIR  OP  MICHELL, DYER 2324 SE 14TH STREET	9. Election Camp Trust Fund Co	paign Financing Intribution.   11.  ITTLE INAME STREET ADDRESS	\$5.00 May Be Added to Fees	Make che Horida Dep	ck payable b artment of SI DIRECTORS IN	tate	
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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 of these 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 early sufficient of the chapter 617.