

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 17, 2003 8:00 am
Secretary of State

02-17-2003 90201 031 ****70.00

DOCUMENT # N43080

1. Entity Name

COMMUNITY HEALTH SERVICES OF MARION COUNTY, INC.



Principal Place of Business

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

Mailing Address

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3061037**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV MICHELL, DYER T. 131 SW 15TH ST. OCALA FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS MUTARELLI, RICHARD D. 131 SW 15TH ST. OCALA FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MAHAN, STEVE 1431 SW 1ST AVE OCALA FL 34474	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT WHITE, JOHN 1431 SW 1ST AVENUE OCALA FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	James Wood	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Michael Marks	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ 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 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 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: Richard D. Mutarelli

2/6/03

352/351-7327

CR2E037 (10/02)