

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N00000003887

**FILED**  
**Jan 11, 2017**  
**Secretary of State**  
**CC1647951954**

**Entity Name:** NATURE COAST EMERGENCY MEDICAL FOUNDATION, INC.

**Current Principal Place of Business:**

3876 W COUNTRY HILL DR  
LECANTO, FL 34461

**Current Mailing Address:**

3876 W COUNTRY HILL DR  
LECANTO, FL 34461

**FEI Number:** 65-1021027

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

GAFFNEY, KAREN O ESQUIRE  
205 WEST DAMPIER STREET  
INVERNESS, FL 34450 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title CHAIR  
Name GRANT, LAWRENCE  
Address 1 DR MARTIN LUTHER KING JR AVE  
City-State-Zip: INVERNESS FL 34450

Title VICE CHAIR  
Name DAVIS, GENE  
Address POST OFFICE BOX 700  
City-State-Zip: INVERNESS FL 34451

Title SECRETARY  
Name HEDGES, MARY  
Address 2505 N STAMPEDE DR  
City-State-Zip: BEVERLY HILLS FL 34465

Title TREASURER  
Name RUBEN, BRADLEY  
Address 2484 N ESSEX AVE  
City-State-Zip: HERNANDO FL 34442

Title DIRECTOR  
Name ROMIG, GLENN  
Address 502 W HIGHLAND BLVD  
City-State-Zip: INVERNESS FL 34452

Title DIRECTOR  
Name MAGUREAAN, VICKIE  
Address 6201 N SUNCOAST BLVD  
City-State-Zip: CRYSTAL RIVER FL 34428

Title DIRECTOR  
Name BLUE-MCLEAN, LACE  
Address 3414 S FITCH AVE  
City-State-Zip: INVERNESS FL 34452

Title DIRECTOR  
Name DUEKER, DUANE  
Address 76 WOODFIELD CIR  
City-State-Zip: HOMOSASSA FL 34446

*I hereby 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 all other like empowered.*

**SIGNATURE:** LAWRENCE GRANT

**CHAIR**

**01/11/2017**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date