| | SIGNATURE | SCOTT C BAXTER | | | 04/03/2020 |
|---------------------------|-----------------|--|-----------------|------------------------|------------|
| | | Electronic Signature of Registered Agent | | | Date |
| Officer/Director Detail : | | | | | |
| | Title | DIRECTOR | Title | VICE CHAIR | |
| | Name | DAVIS, GENE | Name | BLUE-MCLEAN, LACE | |
| | Address | POST OFFICE BOX 700 | Address | 3414 S FITCH AVE | |
| | City-State-Zip: | INVERNESS FL 34451 | City-State-Zip: | INVERNESS FL 34452 | |
| | Title | CHAIR | Title | ST | |
| | Name | HEDGES, MARY | Name | RUBEN, BRADLEY | |
| | Address | 2505 N STAMPEDE DR | Address | 2299 N OVERLOOK PATH | |
| | City-State-Zip: | BEVERLY HILLS FL 34465 | City-State-Zip: | HERNANDO FL 34442 | |
| | Title | DIRECTOR | Title | DIRECTOR | |
| | Name | GREEN, CHRISTOPHER | Name | STOCKTON, LINDA | |
| | Address | 502 W HIGHLAND BLVD | Address | 6201 N SUNCOAST BLVD | |
| | City-State-Zip: | INVERNESS FL 34452 | City-State-Zip: | CRYSTAL RIVER FL 34428 | |
| | Title | DIRECTOR | Title | DIRECTOR | |
| | Name | DECARLO, DAVE | Name | BEDFORD, PAMELA J | |
| | Address | 3549 SAUNDERS WAY | Address | 8055 S BEDFORD RD | |
| | City-State-Zip: | LECANTO FL 34461 | City-State-Zip: | FLORAL CITY FL 34436 | |
| | | | | | |

FEI Number: 65-1021027

Name and Address of Current Registered Agent:

BAXTER, SCOTT C 3876 W COUNTRY HILL DR LECANTO, FL 34461 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.

2020 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL

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: MARY HEDGES | CHAIR |
|------------------------|-------|
| | |

Electronic Signature of Signing Officer/Director Detail

FILED Apr 03, 2020 Secretary of State 0420425624CC

04/03/2020

Date

DOCUMENT# N0000003887 Entity Name: NATURE COAST EMERGENCY MEDICAL FOUNDATION, INC.

Current Principal Place of Business:

3876 W COUNTRY HILL DR LECANTO, FL 34461

REPORT

Current Mailing Address: 3876 W COUNTRY HILL DR

LECANTO, FL 34461 US

Certificate of Status Desired: No