

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000004253

Entity Name: NATURE COAST COMMUNITY HEALTH CENTER, INC.

Current Principal Place of Business:

7551 FOREST OAKS BLVD
SPRING HILL, FL 34606

Current Mailing Address:

7551 FOREST OAKS BLVD
SPRING HILL, FL 34606

FEI Number: 51-0512308

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

NAPIER, ROBIN
7551 FOREST OAKS BLVD
SPRING HILL, FL 34606 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: ROBIN NAPIER

02/09/2017

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title TREASURER
Name BANTA, MARLA
Address 9045 COOPER TERRANCE
City-State-Zip: BROOKSVILLE FL 34601

Title VC
Name WILLIS, TAMMY
Address 27084 AUBREY AVE.
City-State-Zip: BROOKSVILLE FL 34602

Title CHAIRMAN
Name DANIEL, DEBBIE
Address 17240 CORTEZ BLVD.
City-State-Zip: BROOKSVILLE FL 34601

Title S
Name BLACK, VIENNESSE
Address P.O. BOX 10513
City-State-Zip: BROOKSVILLE FL 34603

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: DEBBIE DANIEL

CHAIRMAN

02/09/2017

Electronic Signature of Signing Officer/Director Detail

Date