

**2015 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**

**03/06/2015**

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**

**03/06/2015**

Electronic Signature of Signing Officer/Director Detail

Date