**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**
**Mar 17, 2014**
**Secretary of State**
**CC1026038511**

DOCUMENT# N19863

**Entity Name:** CITRUS MEMORIAL HEALTH FOUNDATION, INC.

**Current Principal Place of Business:**

502 W. HIGHLAND BLVD.
INVERNESS, FL 34452-4754

**Current Mailing Address:**

502 W. HIGHLAND BLVD.
INVERNESS, FL 34452-4754 US

**FEI Number: 59-2890430**

**Certificate of Status Desired:** No

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

WILLIAMS, MARK A
502 W. HIGHLAND BLVD.
INVERNESS, FL 34452 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: MARK A. WILLIAMS 03/17/2014

Electronic Signature of Registered Agent — Date

**Officer/Director Detail :**

| | |
|---|---|
| Title | PCEO |
| Name | ALEMAN, RALPH |
| Address | 502 W. HIGHLAND BLVD. |
| City-State-Zip: | INVERNESS FL 34452 |

| | |
|---|---|
| Title | DIRECTOR |
| Name | COLLINS, ROBERT |
| Address | 502 W. HIGHLAND BLVD |
| City-State-Zip: | INVERNESS FL 34452 |

| | |
|---|---|
| Title | DIRECTOR |
| Name | BRANNEN, JOSEPH S |
| Address | 502 W. HIGHLAND BLVD |
| City-State-Zip: | INVERNESS FL 34452 |

| | |
|---|---|
| Title | DIRECTOR |
| Name | LANGER, DAVID |
| Address | 502 W. HIGHLAND BLVD. |
| City-State-Zip: | INVERNESS FL 34452-4754 |

| | |
|---|---|
| Title | CHAIRMAN |
| Name | CHADWICK, SANDRA |
| Address | 502 W. HIGHLAND BLVD |
| City-State-Zip: | INVERNESS FL 34452 |

| | |
|---|---|
| Title | SECRETARY, TREASURER |
| Name | FAIRBANKS, CARLTON E DR. |
| Address | 502 W. HIGHLAND BLVD |
| City-State-Zip: | INVERNESS FL 34452 |

| | |
|---|---|
| Title | DIRECTOR |
| Name | DIAS, JOAN |
| Address | 502 W. HIGHLAND BLVD. |
| City-State-Zip: | INVERNESS FL 34452 |

| | |
|---|---|
| Title | DIRECTOR |
| Name | REDDY, VENUGOPALA DR. |
| Address | 502 W. HIGHLAND BLVD. |
| City-State-Zip: | INVERNESS FL 34452-4754 |

**Continues on page 2**

*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: MARK A. WILLIAMS CFO 03/17/2014

Electronic Signature of Signing Officer/Director Detail — Date

**Officer/Director Detail Continued :**

| | |
|---|---|
| Title | DIRECTOR |
| Name | TOUMBIS, CONSTANTINE DR. |
| Address | 502 W. HIGHLAND BLVD. |
| City-State-Zip: | INVERNESS FL 34452-4754 |

| | |
|---|---|
| Title | CFO |
| Name | WILLIAMS, MARK A |
| Address | 502 W. HIGHLAND BLVD. |
| City-State-Zip: | INVERNESS FL 34452-4754 |