

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **701881** (5)

1. Corporation Name

BOWLING GREEN MEDICAL CENTER INC



Principal Place of Business

**302 W. MAIN STREET
P.O. BOX 595
BOWLING GREEN FL 33834**

Mailing Address

**302 W. MAIN STREET
P.O. BOX 595
BOWLING GREEN FL 33834**

3. Date Incorporated or Qualified
01/05/1961

3a. Date of Last Report
01/26/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

4. FEI Number
59-6139698

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

6. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SANDERS, CHARLES H.
302 E. MAIN ST.
BOWLING GREEN FL 33834**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

(Signature, typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **S**
SANDERS, CHARLES H
STREET ADDRESS **404 S. SIXTH AVE.**
CITY-ST-ZIP **WAUCHULA FL**

TITLE ☐ DELETE

NAME **VD**
BEST, J R
STREET ADDRESS **HIGHWAY 17 NORTH**
CITY-ST-ZIP **BOWLING GREEN, FL 00000**

TITLE ☐ DELETE

NAME **PD**
JOHNSON, B J
STREET ADDRESS **OLIVE BR ROUTE 1 BOX 188**
CITY-ST-ZIP **BOWLING GREEN, FL 00000**

TITLE ☐ DELETE

NAME **D**
SCAFFE, NORMAN B
STREET ADDRESS **408 E BANNA STREET**
CITY-ST-ZIP **BOWLING GREEN, FL 00000**

TITLE ☐ DELETE

NAME **D**
NICHOLSON, W N
STREET ADDRESS **119 W CENTRAL AVENUE**
CITY-ST-ZIP **BOWLING GREEN, FL 00000**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☒ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

D

**Parker, Jimmy
County Line Road
Bowling Green, FL 33834**

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Charles H. Sanders

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Charles H. Sanders 1/26/96 941-773-4556

Date

Daytime Phone #

CR2E037 (12/95)