

FILE NOW: FILING FEE IS \$61.25

FILED

Jan 27 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA 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 33834-0595

3. Date Incorporated or Qualified

01/05/1961

3a. Date of Last Report

02/01/1996

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City &amp; State

23

Zip

Country

2a. Mailing Address

25

Suite, Apt. #, etc.

27

City &amp; State

28

Zip

Country

4. FEI Number

59-6139698

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐ \$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,

10. Name and Address of New Registered Agent

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 reinstalling)

DATE

## 12. OFFICERS AND DIRECTORS

TITLE	S	<input type="checkbox"/> DELETE
NAME	SANDERS, CHARLES H	
STREET ADDRESS	404 S. SIXTH AVE.	
CITY-ST-ZIP	WAUCHULA FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	BEST, J R	
STREET ADDRESS	HIGHWAY 17 NORTH	
CITY-ST-ZIP	BOWLING GREEN, FL 00000	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	JOHNSON, B J	
STREET ADDRESS	OLIVE BR ROUTE 1 BOX 188	
CITY-ST-ZIP	BOWLING GREEN, FL 00000	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SCAFFE, NORMAN B	
STREET ADDRESS	408 E BANNA STREET	
CITY-ST-ZIP	BOWLING GREEN, FL 00000	
TITLE	D	<input type="checkbox"/> DELETE
NAME	NICHOLSON, W N	
STREET ADDRESS	119 W CENTRAL AVENUE	
CITY-ST-ZIP	BOWLING GREEN, FL 00000	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PARKER, JIM	
STREET ADDRESS	COUNTY LINE RD.	
CITY-ST-ZIP	BOWLING GREEN FL	

## 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 *Charles H Sanders* 1-14-97 941-773-4556

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/96)