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Jan 22 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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**

2. Principal Place of Business

2a. Mailing Address

21 **402 W. MAIN ST**

26 **PO BOX 595**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 **BOWLING GREEN FL**

28 **BOWLING GREEN FL**

Zip Country

Zip Country

24 **33834**

29 **33834**

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

01/05/1961

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

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

SANDERS, CHARLES H.

**302 E. MAIN ST.
BOWLING GREEN FL 33834**

81 Name

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

402 E MAIN STREET

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	S	<input type="checkbox"/> DELETE
NAME	SANDERS, CHARLES H	
STREET ADDRESS	404 S. SIXTH AVE.	
CITY-ST-ZIP	WAUCHULA FL	

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	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	SD	<input checked="" 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 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**

1-6-98

941-773-4556

CR2E037 (10/97)