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**Apr 26, 1999 8:00 am**  
**Secretary of State**

04-26-1999 90165 007 \*\*\*\*61.25

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 701881**

1. Corporation Name

**BOWLING GREEN MEDICAL CENTER INC**

Principal Place of Business

402 W MAIN ST  
P.O. BOX 595  
BOWLING GREEN FL 33834  
US

Mailing Address

PO BOX 595  
P.O. BOX 595  
BOWLING GREEN FL 33134  
US

417176 - 90165 - 7 6 \*



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip Country

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

\$5.00 May Be  
Added to Fees

9. Name and Address of Current Registered Agent

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

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE SD ☐ DELETE

NAME SANDERS, CHARLES H

STREET ADDRESS 404 S. SIXTH AVE.

CITY-ST-ZIP WAUCHULA FL

TITLE PD ☒ DELETE

NAME JOHNSON, B J

STREET ADDRESS OLIVE BR ROUTE 1 BOX 188

CITY-ST-ZIP BOWLING GREEN, FL 00000

TITLE D ☐ DELETE

NAME SCAFFE, NORMAN B

STREET ADDRESS 408 E BANNA STREET

CITY-ST-ZIP BOWLING GREEN, FL 00000

TITLE D ☐ DELETE

NAME NICHOLSON, W N

STREET ADDRESS 119 W CENTRAL AVENUE

CITY-ST-ZIP BOWLING GREEN, FL 00000

TITLE D ☐ DELETE

NAME PARKER, JIM

STREET ADDRESS COUNTY LINE RD.

CITY-ST-ZIP BOWLING GREEN FL

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

P/D

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, with all other like empowered.

SIGNATURE:

*Charles H. Sanders*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-22-99  
Date

941-773-4556  
Daytime Phone #

CR2E037 (11/98)