


**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 22, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 701881</b> 1. Entity Name <b>BOWLING GREEN MEDICAL CENTER INC</b>	
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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 33834 US
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**DO NOT WRITE IN THIS SPACE**



01102004 No Chg-NP CR2E037 (10/03)

4. FEI Number <b>59-6139698</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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**6. Name and Address of Current Registered Agent**

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

**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SANDERS, CHARLES H 402 E MAIN STREET BOWLING GREEN, FL 33834
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NICHOLSON, W N 2973 CR 664 BOWLING GREEN, FL 33834
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PARKER, JIM COUNTY LINE RD. BOWLING GREEN, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NICHOLSON, RICKEY 2980 CR 664 BOWLING GREEN, FL 33834
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BEST, JAMES R JR 1125 BILL BRYAN ROAD BOWLING GREEN, FL 33834
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

UN00000010475  
01/22/04-80033-009 61.25

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IN THIS SPACE**

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHARLES H SANDERS Charles H Sanders 1-10-04 863-773-4556  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #