

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2005 08:00 AM
Secretary of State

DOCUMENT # 701881

1. Entity Name
BOWLING GREEN MEDICAL CENTER INC



Principal Place of Business	Mailing Address
402 W MAIN ST P.O. BOX 595 BOWLING GREEN, FL 33834 US	PO BOX 595 P.O. BOX 595 BOWLING GREEN, FL 33834 US



01062005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-6139698	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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, 2005**

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

10. OFFICERS AND DIRECTORS

TITLE	SD
NAME	SANDERS, CHARLES H
STREET ADDRESS	402 E MAIN STREET
CITY - ST - ZIP	BOWLING GREEN, FL 33834

TITLE	D
NAME	NICHOLSON, W N
STREET ADDRESS	2973 CR 664
CITY - ST - ZIP	BOWLING GREEN, FL 33834

TITLE	PD
NAME	PARKER, JIM
STREET ADDRESS	COUNTY LINE RD.
CITY - ST - ZIP	BOWLING GREEN, FL

TITLE	D
NAME	NICHOLSON, RICKEY
STREET ADDRESS	2980 CR 664
CITY - ST - ZIP	BOWLING GREEN, FL 33834

TITLE	D
NAME	BEST, JAMES R JR
STREET ADDRESS	1125 BILL BRYAN ROAD
CITY - ST - ZIP	BOWLING GREEN, FL 33834

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

UN00000178863
01/12/05-80046-007 61.25

**DO NOT WRITE
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)(f), 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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-6-05
Date

863-773-4556
Daytime Phone #