

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 12, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # 701881**

1. Entity 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 33834 US**



01042006 No Chg-NP

CRZE037 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-6139698**

Applied For  
**Not Applicable**

5. Certificate of Status Desired ☐ **\$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 reselecting)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2006**

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

000000333941  
01/13/06-80022-003 61.25

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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*

**1-9-06**

**863-375-2312**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #