

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 16, 2008 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**



01112008 No Chg-NP

CR2E037 (4/06)

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 reinstating)

000000785269

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

01/17/08-80033-024 61.25

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	PD PARKER, JIM 200 EAST 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**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 - SEC *Charles H Sanders*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-14-08

Date

863-375-2312

Daytime Phone #