

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 701881

FILED  
Jan 08, 2009  
Secretary of State

Entity Name: BOWLING GREEN MEDICAL CENTER INC

## Current Principal Place of Business:

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

## New Principal Place of Business:

402 E MAIN ST  
BOWLING GREEN, FL 33834 US

## Current Mailing Address:

PO BOX 595  
P.O. BOX 595  
BOWLING GREEN, FL 33834 US

## New Mailing Address:

PO BOX 595  
BOWLING GREEN, FL 33834 US

FEI Number: 59-6139698

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

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

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: SD ( ) Delete  
Name: SANDERS, CHARLES H.  
Address: 402 E MAIN STREET  
City-St-Zip: BOWLING GREEN, FL 33834

Title: PD ( ) Delete  
Name: PARKER, JIM  
Address: 200 EAST COUNTY LINE RD  
City-St-Zip: BOWLING GREEN, FL

Title: D ( ) Delete  
Name: NICHOLSON, RICKEY  
Address: 2980 CR 664  
City-St-Zip: BOWLING GREEN, FL 33834

Title: D ( ) Delete  
Name: BEST, JAMES R JR  
Address: 1125 BILL BRYAN ROAD  
City-St-Zip: BOWLING GREEN, FL 33834

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: SD (X) Change ( ) Addition  
Name: SANDERS, CHARLES H  
Address: 402 E MAIN STREET  
City-St-Zip: BOWLING GREEN, FL 33834

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHARLES H SANDERS

SEC

01/08/2009

Electronic Signature of Signing Officer or Director

Date