

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 24, 2003 8:00 am**  
**Secretary of State**

01-24-2003 90105 009 \*\*\*\*\*61.25

**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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☒ Delete  
NAME **SCAFFE, NORMAN B**  
STREET ADDRESS **408 E BANNA STREET**  
CITY-ST-ZIP **BOWLING GREEN, FL 00000**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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*

**1-6-03**

**863-773-4556**

CR2E037 (10/02)