2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Apr 28, 2008 8:00 am Secretary of State

1. Entity Nam	ne	# 751465 NAL MEDICAL CI	ENTER AUXILIARY	′ ,		0-	4-28-2008 9	•	****70.00
Principal Plac 1500 SW 1S OCALA, FL 3	T AVE		Mailing Address P.O. BOX 6000 OCALA, FL 34478	us) (1623 MIN) GRU)		HOLL PLAY BLEN BLE	n kon manin ka ma
2. Principal Place of Business - No P.O. Box #			3. Mailing Address						
Suite. Apt. #, etc.		Suite, Apt. #, etc.			04172008 CI	hg-NP	CR2E037 (*	12/06)	
City & State		City & State			E0 1755240			Applied For Not Applicab	
Zip		Country	Zip	Cour	itry	5. Certificate of St	atus Desired		.75 Additional Required
	6. Name	and Address of Curre	nt Registered Agent			7. Name and Add	ress of New Re	gistered Ager	nt
CLARK, P. 131 SW 15 OCALA, FI	STH ST				(P.O. Box Number is I	Not Acceptable)			
		$\left(\cdot \right)$	\mathcal{M}		City			FL	Zip Code
8. The above the obligat	named entity	y submits the diatement	to the purpose of changin	g Its registere	d office of registe	ered agent, or both, in	the State of Flori	ida. I am famil	liar with, and accep
SIGNATURE	Signature, typed	or printed arm calendary and ex	ent and title 1 applicable.	AVA (NOTE: Registered	LA L	ad when reinstating)	4/1	908 DATE	<u> </u>
		e is \$61.25	9. Election	Çampaign Fir	ancing	\$5.00 May Be	Mal	ke check pa	yable to
	Due by E	lay 1, 2008	Trust Fu	nd Contributio	n. 🗆	Added to Fees	Florid	la Departme	nt of State
10.	Due by N	OFFICERS AND I				Added to Fees			
10.	VD			nd Contributio	1 2	Added to Fees ADDITIONS/CHANGE	ES TO OFFICERS	S AND DIREC	
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