
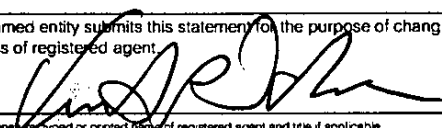
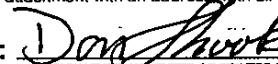


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 15, 2006 8:00 am
Secretary of State

02-15-2006 90042 017 ****61.25

DOCUMENT # 754029 1. Entity Name SEVEN RIVERS MEDICAL AND EDUCATIONAL FOUNDATION, INC.					
Principal Place of Business 5552 N. ANDRI DR CRYSTAL RIVER, FL 34428 US			Mailing Address P. O. BOX 232 CRYSTAL RIVER, FL 34423 US		
2. Principal Place of Business 4142 MARINER BLVD				3. Mailing Address Suite, Apt. #, etc. #504	
Suite, Apt. #, etc. #504		Suite, Apt. #, etc. _____		02092006 Chg-NP CR2E037 (11/05)	
City & State SPRING HILL, FL		City & State _____		4. FEI Number 59-2074329	
Zip 34609		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent TAYLOR, FRANK 5552 N ANDRI DR CRYSTAL RIVER, FL 34428				7. Name and Address of New Registered Agent Name VINNIE De ROSA Street Address (P.O. Box Number is Not Acceptable) 4142 MARINER BLVD #504 City SPRING HILL, FL Zip Code 34609	
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  DATE 2-13-06 <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 NAME STREET ADDRESS CITY-ST-ZIP	P TAYLOR, FANCY 5552 N ANDRI DRIVE CRYSTAL RIVER, FL 34428	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P VINNIE De ROSA 4142 MARINER BLVD #504 SPRING HILL, FL 34609	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BRANCATO, JOYCE 6201 N SUNCOAST BLVD CRYSTAL RIVER, FL 34428	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALICE GANT 8904 W FOREST VIEW DRIVE HOMOSASSA, FL 34448	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SILVEY, PATTY 1502 SE HWY 19 CRYSTAL RIVER, FL 34429	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LOUISE OZEE 8371 W. DIXIE COURT HOMOSASSA, FL 34448	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GORENTZ, TERESA 2151 N FATIMA AVE HERNANDO, FL 34442	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SHOOK, DON 825 N POMPEO AVE CRYSTAL RIVER, FL 34429	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STACKLIN, LIZ 244 PALM ST INGLIS, FL 34449	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:  DON SHOOK 2/9/06 352-795-0872 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					