

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 24, 2007 08:00 AM
Secretary of State

DOCUMENT # 754029

1. Entity Name
**SEVEN RIVERS MEDICAL AND EDUCATIONAL
FOUNDATION, INC.**



Principal Place of Business
**4142 MARINER BLVD
SUITE 504
SPRING HILL, FL 34609 US**

Mailing Address
**P. O. BOX 232
CRYSTAL RIVER, FL 34423 US**

DO NOT WRITE IN THIS SPACE



01222007 No Chg-NP CR2E037 (4/06)

4. FEI Number
59-2074329

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**DE ROSA, VINNIE
4142 MARINER BLVD
SUITE 504
SPRING HILL, FL 34609**

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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 renewing)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
DE ROSA, VINNIE
4142 MARINER BLVD SUITE 504
SPRING HILL, FL 34609**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
BRANCATO, JOYCE
6201 N SUNCOAST BLVD
CRYSTAL RIVER, FL 34428**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
SILVEY, PATTY
1502 SE HWY 19
CRYSTAL RIVER, FL 34428**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
GORENTZ, TERESA
2151 N FATIMA AVE
HERNANDO, FL 34442**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
SHOOK, DON
825 N POMPEO AVE
CRYSTAL RIVER, FL 34428**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
STACKLIN, LIZ
244 PALM ST
INGLIS, FL 34449**

U00000601115
01/26/07-80036-016 61.25

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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 or other like empowered.

SIGNATURE: *Donald A. Shook* DONALD A. SHOOK

Date

1/22/07 3527950872

Daytime Phone #