


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 11, 2008 8:00 am
Secretary of State

03-11-2008 90015 038 ****61.25

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|--|--|---|---|---|--|
| 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 | | |
| 2. Principal Place of Business - No P.O. Box # 6201 N. SUNCOAST BLVD | | 3. Mailing Address Suite, Apt. #, etc. | | | |
| City & State CRYSTAL RIVER, FL | | City & State | | | |
| Zip 34428 | Country US | Zip | Country | 4. FEI Number 59-2074329 | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | | | Applied For Not Applicable | |
| 6. Name and Address of Current Registered Agent DE ROSA, VINNIE 4142 MARINER BLVD SUITE 504 SPRING HILL, FL 34609 | | | 7. Name and Address of New Registered Agent Name LIZ STACKLIN Street Address (P.O. Box Number is Not Acceptable) 244 PALM STREET City INGLIS, FL Zip Code 34449 | | |
| 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 <u><i>Liz Stacklin</i></u> LIZ STACKLIN <u>3-10-08</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2008 | | 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 DE ROSA, VINNIE 4142 MARINER BLVD SUITE 504 SPRING HILL, FL 34609 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | P GREG CUIK 6 DEERWOOD DR. HOMOSASSA, FL 34446 | <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 checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | V COREEN SCHEMPF 3790 W. GERALDINE DR. CITRUS SPRINGS, FL 34433 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D SILVEY, PATTY 1502 SE HWY 19 CRYSTAL RIVER, FL 34429 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | S CHARLENE GUTHAS 8765 N. STARBLAZE DR. CRYSTAL RIVER, FL 34428 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S GORENTZ, TERESA 2151 N FATIMA AVE HERNANDO, FL 34442 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | T RONALD COOPER 94 WINDING RIVER LN., P.O. Box 1290 INGLIS, FL 34449 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T SHOOK, DON 825 N POMPEO AVE CRYSTAL RIVER, FL 34429 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D JACKI COOPER 94 WINDING RIVER LN., P.O. Box 1290 INGLIS, FL 34449 | <input type="checkbox"/> Change <input checked="" 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 | D JACKIE DELUCIA 5852 W. DESERT CT. BEVERLY HILLS, FL 34465 | <input type="checkbox"/> Change <input checked="" 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: <u><i>Ronald Cooper</i></u> RONALD COOPER <u>3/10/08</u> <u>352-447-1647</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small> | | | | | |

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