


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 31, 2008 8:00 am
Secretary of State

07-31-2008 90043 016 ****61.25

DOCUMENT # N00000003887 1. Entity Name NATURE COAST EMERGENCY MEDICAL FOUNDATION, INC.	
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Principal Place of Business 3380 EAST GULF TO LAKE HIGHWAY INVERNESS, FL 34453	Mailing Address 3380 EAST GULF TO LAKE HIGHWAY INVERNESS, FL 34453
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40112433



07072008 No Chg-NP CR2E037 (4/06)

4. FEI Number 65-1021027	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent MARIE T. BLUME, P.A. 111 W. MAIN STREET SUITE 204 INVERNESS, FL 34450

**DO NOT WRITE
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 reinstating) DATE _____

**Filing Fee is \$61.25
Due by September 12, 2008**

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	PD HENSLEY, EMERY 502 W HIGHLAND BLVD INVERNESS, FL 34452
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BRANCATO, JOYCE 6201 N SUNCOAST BLVD CRYSTAL RIVER, FL 34428
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD RUBEN, BRADLEY 2484 N ESSEX AVE HERNANDO, FL 34442
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARTIN, HOLLY 898 PRITCHARD ISLAND RD INVERNESS, FL 34450
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BENNETT, C. JOSEPH JR 605 W. HIGHLAND AVENUE INVERNESS, FL 34450
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
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 all other like empowered.

SIGNATURE: Emery Hensley Emery Hensley 7/29/08 352 344-6584
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #