## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N0000003887

FILED Jan 23, 2009 Secretary of State

Entity Name: NATURE COAST EMERGENCY MEDICAL FOUNDATION, INC.

**Current Principal Place of Business:** New Principal Place of Business: 3380 EAST GULF TO LAKE HIGHWAY 3876 W COUNTRY HILL DR INVERNESS, FL 34453 LECANTO, FL 34461 **Current Mailing Address: New Mailing Address:** 3380 EAST GULF TO LAKE HIGHWAY 3876 W COUNTRY HILL DR INVERNESS, FL 34453 LECANTO, FL 34461 FEI Number: 65-1021027 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: MARIE T. BLUME, P.A. 111 W. MAIN STREET SUITE 204 INVERNESS, FL 34450 US 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. SIGNATURE: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change ( ) Addition () Delete HENSLEY, EMERY HENSLEY, EMERY Name: Name: 502 W HIGHLAND BLVD Address: 502 W HIGHLAND BLVD Address: INVERNESS, FL 34452 City-St-Zip: City-St-Zip: INVERNESS, FL 34452 Title: VD ( ) Delete Title: (X) Change ( ) Addition BRANCATO, JOYCE Name: BRANCATO, JOYCE Name: Address: 6201 N SUNCOAST BLVD Address: 6201 N SUNCOAST BLVD City-St-Zip: CRYSTAL RIVER, FL 34428 City-St-Zip: CRYSTAL RIVER, FL 34428 Title: () Delete Title: (X) Change ( ) Addition RUBEN, BRADLEY RUBEN, BRADLEY Name: Name: Address: 2484 N ESSEX AVE Address: 2484 N ESSEX AVE City-St-Zip: HERNANDO, FL 34442 City-St-Zip: HERNANDO, FL 34442 Title: () Delete Title: () Change () Addition Name: MARTIN, HOLLY Name: 898 PRITCHARD ISLAND RD Address: Address: City-St-Zip: INVERNESS, FL 34450 City-St-Zip: Title: ( ) Delete Title: () Change () Addition BENNETT, C. JOSEPH JR Name: Name: 605 W. HIGHLAND AVENUE Address: Address: City-St-Zip: INVERNESS, FL 34450 City-St-Zip: Title: () Delete Title: ( ) Change (X) Addition ECKSTEIN. JOSEPH Name: Name: Address: Address: 1 DR MARTIN LUTHER KING JR., AVE INVERNESS, FL 34450 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: EMERY HENSLEY CH 01/23/2009