2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N0000003887

FILED Jan 05, 2012 Secretary of State

Entity Name: NATURE COAST EMERGENCY MEDICAL FOUNDATION, INC.

Current Principal Place of Business: New Principal Place of Business:

3876 W COUNTRY HILL DR LECANTO, FL 34461

Current Mailing Address: New Mailing Address:

3876 W COUNTRY HILL DR 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

MARIE T. BLUME, P.A.

506 TOMPKINS ST

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: MARIE T BLUME 01/05/2012

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: CH

Name: BRANCATO, JOYCE
Address: 6201 N SUNCOAST BLVD
City-St-Zip: CRYSTAL RIVER, FL 34429

Title: VC

Name: GRANT, BUDDY

Address: 1 DR MARTIN LUTHER KING JR AVE

City-St-Zip: INVERNESS, FL 34450

Title: S

 Name:
 HEDGES, MARY

 Address:
 2505 N STAMPEDE DR

 City-St-Zip:
 BEVERLY HILLS, FL 34465

Title: T

Name: RUBEN, BRADLEY
Address: 2484 N ESSEX AVE
City-St-Zip: HERNANDO, FL 34442

Title:

Name: WILLIAMS, MARK
Address: 502 W HIGHLAND BLVD
City-St-Zip: INVERNESS, FL 34452

Title: [

 Name:
 DAVIS, GENE

 Address:
 110 HIGHLAND BLVD

 City-St-Zip:
 INVERNESS, FL 34452

I hereby 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 all other like empowered.

SIGNATURE: JOYCE BRANCATO CH 01/05/2012