FILED
Mar 31, 2003 8:00 am
Secretary of State

03-31-2003 90218 023 ****61.25

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

000066020

DOCUMENT # N00000003887

1. Entity Name
NATURE COAST EMERGENCY MEDICAL FOUNDATION, INC.

Principal Place of Business	Mailing Address
3380 E GULF TO LAEK HWY INVERNESS, FL 34453	3380 E GULF TO LAEK HWY INVERNESS, FL 34453

2. Principal Place of Business	3. Mailing Address
3380 E. Gulf to Lake Hwy	3380 E. Gulf to Lake Hwy.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Inverness FL	City & State: Inverness
Zip: 34453 Country: USA	Zip: FL Country: USA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number: 65-1021027 — Applied For ☐ Not Applicable ☐

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
NEAL, JAMES A JR 452 PLEASANT GROVE ROAD INVERNESS, FL 34452	Name: Neal, James A. JR Street Address (P.O. Box Number is Not Acceptable): 213 Courthouse Square City: Inverness FL Zip Code: 34450

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: James A. Neal Jr. 3/17/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning) DATE

FILE NOW FEE IS $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ $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: SD NAME: GRIFFITHS, LAWRENCE STREET ADDRESS: 2752 W SUNRISE STREET CITY-ST-ZIP: LECANTO, FL 34461	☐ Delete	TITLE: D NAME: Alexander, Lee STREET ADDRESS: 401 N. Apopka Avenue CITY-ST-ZIP: Inverness, FL 34450	☐ Change ☒ Addition
TITLE: VD NAME: HENSLEY, EMERY STREET ADDRESS: 602 W. HIGHLAND BLVD. CITY-ST-ZIP: INVERNESS, FL 34450	☐ Delete	TITLE: D NAME: Ruben, Bradley H. STREET ADDRESS: 2484 N. Essex Avenue CITY-ST-ZIP: Hernando FL 34442	☐ Change ☒ Addition
TITLE: D NAME: MCKENNA, DON STREET ADDRESS: 6201 N. SUNCOAST BLVD. CITY-ST-ZIP: CRYSTAL RIVER, FL 34429	☐ Delete	TITLE: D NAME: Martin, Holly Zuschlag STREET ADDRESS: 898 Pritchard Island Road CITY-ST-ZIP: Inverness FL 34450	☐ Change ☒ Addition
TITLE: D NAME: ELIZARDE, JOSEPH STREET ADDRESS: 401 N. APOPKA AVENUE CITY-ST-ZIP: INVERNESS, FL 34450	☒ Delete	TITLE: PD NAME: Blume, Robert L. JR STREET ADDRESS: 1 South Park Avenue CITY-ST-ZIP: Inverness FL 34450	☐ Change ☒ Addition
TITLE: D NAME: FARLEY, JIM STREET ADDRESS: 123 N.W. HIGHWAY 19 CITY-ST-ZIP: CRYSTAL RIVER, FL 34429	☐ Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	☐ Change ☐ Addition
TITLE: TD NAME: BENNETT, C. JOSEPH JR STREET ADDRESS: 605 W. HIGHLAND AVENUE CITY-ST-ZIP: INVERNESS, FL 34450	☐ Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Robert L. Blume, Jr. 3/21/03 (352) 726-1116
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (10/02)