

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000004253

FILED  
Apr 11, 2012  
Secretary of State

**Entity Name:** NATURE COAST COMMUNITY HEALTH CENTER, INC.

**Current Principal Place of Business:**

300 SOUTH MAIN STREET  
BROOKSVILLE, FL 34601

**New Principal Place of Business:**

7551 FOREST OAKS BLVD  
SPRING HILL, FL 34606

**Current Mailing Address:**

300 SOUTH MAIN STREET  
BROOKSVILLE, FL 34601

**New Mailing Address:**

7551 FOREST OAKS BLVD  
SPRING HILL, FL 34606

**FEI Number:** 51-0512308

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CALLAGHAN, ELIZABETH A  
300 SOUTH MAIN STREET  
BROOKSVILLE, FL 34601 US

**Name and Address of New Registered Agent:**

SPENCE, PHILIP W  
7551 FOREST OAKS BLVD  
SPRING HILL, FL 34606 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: PHILIP W. SPENCE

04/11/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: C  
Name: WORLEY, DARLENE  
Address: 11012 UPTON STREET  
City-St-Zip: BROOKSVILLE, FL 34609

Title: C  
Name: FRAZIER, BRENDA  
Address: 20 NORTH MAIN STREET  
City-St-Zip: BROOKSVILLE, FL 34601

Title: T  
Name: DANIEL, DEBBIE  
Address: 17240 CORTEZ BLVD.  
City-St-Zip: BROOKSVILLE, FL 34601

Title: S  
Name: BLACK, VIENNESSE  
Address: P.O. BOX 10513  
City-St-Zip: BROOKSVILLE, FL 34603

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: DARLENE R. WORLEY

C

04/11/2012

Electronic Signature of Signing Officer or Director

Date