


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 13, 2006 8:00 am**  
**Secretary of State**

04-13-2006 90272 031 \*\*\*\*61.25

<b>DOCUMENT # N05000012763</b>		
1. Entity Name GEORGE A. DAME COMMUNITY HEALTH CENTER, INC.		

Principal Place of Business 3700 W SOVEREIGN PATH LECANTO, FL 34461	Mailing Address 3700 W SOVEREIGN PATH LECANTO, FL 34461
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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03132006 Chg-NP CR2E037 (11/05)

4. FEI Number 06-1771427	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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## 6. Name and Address of Current Registered Agent

NAYFIELD, MARYBETH  
3700 W SOVEREIGN PATH  
LECANTO, FL 34461

## 7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

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 Marybeth Nayfield Marybeth Nayfield, Administrator 3/13/06  
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 May 1, 2006**

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

TITLE	D	<input type="checkbox"/> Delete
NAME	DODGE, EDWARD DR	
STREET ADDRESS	8581 E SWEETWATER DRIVE	
CITY-ST-ZIP	INVERNESS, FL 34450	
TITLE	D	<input type="checkbox"/> Delete
NAME	BRANCATO, JOYCE	
STREET ADDRESS	6201 N SUNCOAST BLVD	
CITY-ST-ZIP	CRYSTAL RIVER, FL 34428	
TITLE	D	<input type="checkbox"/> Delete
NAME	SIPPER, DUWAYNE	
STREET ADDRESS	PO BOX 9024	
CITY-ST-ZIP	INVERNESS, FL 34451	
TITLE	D	<input type="checkbox"/> Delete
NAME	FRINFROCK, GARY	
STREET ADDRESS	9984 S EVANS POINT	
CITY-ST-ZIP	INVERNESS, FL 34462	
TITLE	D	<input type="checkbox"/> Delete
NAME	DELOACH, JERRY	
STREET ADDRESS	502 W HIGHLAND BLVD	
CITY-ST-ZIP	INVERNESS, FL 34452	
TITLE	D	<input type="checkbox"/> Delete
NAME	CHALFANT, CINDY	
STREET ADDRESS	1643 W CARDINAL STREET	
CITY-ST-ZIP	LECANTO, FL 34461	

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	3700 W. Sovereign Path	
CITY-ST-ZIP	LECANTO, FL 34461	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	PO BOX 271	
CITY-ST-ZIP	HERNANDO, FL 34442	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Finfrock, Gary	
STREET ADDRESS	3700 W Sovereign Path	
CITY-ST-ZIP	LECANTO, FL 34461	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	502 W. Woodside Dr.	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	PO BOX 641312	
CITY-ST-ZIP	Beverly Hills, FL 34465	

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: Edward Dodge 3-21-06  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

# ATTACHMENT

60027220

# N05000012763

## Additional Board Members and Changes

VP

Putzback, Laura Lee

PO Box 641312

Beverly Hills, FL 34465

D

Tilly Hammond

3700 W Sovereign Path

Lecanto, FL 34461

S/T

Janet DiGregorio

3700 W Sovereign Path

Lecanto, FL 34461