

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000012763

FILED
Apr 09, 2007
Secretary of State

Entity Name: GEORGE A. DAME COMMUNITY HEALTH CENTER, INC.

Current Principal Place of Business:

3700 W SOVEREIGN PATH
LECANTO, FL 34461

New Principal Place of Business:

Current Mailing Address:

3700 W SOVEREIGN PATH
LECANTO, FL 34461

New Mailing Address:

FEI Number: 06-1771427

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NAYFIELD, MARYBETH
3700 W SOVEREIGN PATH
LECANTO, FL 34461 US

Name and Address of New Registered Agent:

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:

Title: P () Delete
Name: DODGE, EDWARD DR
Address: 3700 WEST SOVEREIGN PATH
City-St-Zip: LECANTO, FL 34461

Title: D () Delete
Name: BRANCATO, JOYCE
Address: 6201 N SUNCOAST BLVD
City-St-Zip: CRYSTAL RIVER, FL 34428

Title: D () Delete
Name: SIPPER, DUWAYNE
Address: PO BOX 271
City-St-Zip: HERNANDO, FL 34442

Title: D () Delete
Name: FRINFROCK, GARY
Address: 3700 WEST SOVERIEGN PATH
City-St-Zip: LECANTO, FL 34461

Title: D () Delete
Name: DELOACH, JERRY
Address: 502 WEST WOODSIDE DR
City-St-Zip: INVERNESS, FL 34452

Title: D () Delete
Name: CHALFANT, CINDY
Address: PO BOX 641312
City-St-Zip: BEVERLY HILLS, FL 34465

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: PUCKETT, DWIGHT A
Address: 3700 W SOVEREIGN PATH
City-St-Zip: LECANOT, FL 34461

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: FINFROCK, GARY
Address: 3700 WEST SOVERIEGN PATH
City-St-Zip: LECANTO, FL 34461

Title: D (X) Change () Addition
Name: KINGDELOACH, MICHAEL
Address: 3700 W SOVEREIGN PATH
City-St-Zip: LECANOT, FL 34461

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: EDWARD DODGE, M.D.

P

04/09/2007

Electronic Signature of Signing Officer or Director

Date