


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

FILED
Feb 24, 2003 8:00 am
Secretary of State

02-24-2003 90949 015 ****61.25

DOCUMENT # N18389
1. Entity Name
HERNANDO HEALTHCARE FOUNDATION, INC.



Principal Place of Business
**18 NO. BROAD ST.
BROOKSVILLE FL 34601**

Mailing Address
**18 NO. BROAD ST.
BROOKSVILLE FL 34601**

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
City & State

Zip Country Zip Country

4. FEI Number **59-2756094** Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent
**GARY, MARY BETH
18 N BROAD ST
BROOKSVILLE FL 34601**

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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

| | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D/VC TAGLIAMONTE, VINCE 12383 MAYBERRY ROAD SPRINGHILL FL 34609 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D MOSES, JANET 8221 PAGODA DRIVE SPRING HILL FL 34606 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D ESCAMILLA, BETTY 204 SUNSET DRIVE BROOKSVILLE FL 34601 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | C/D MCATEER, DERRILL 9025 CITRUS WAY BROOKSVILLE FL 34601 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | STD SAMPLES, GAIL 437 BELL AVENUE BROOKSVILLE FL 34601 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D WADE, EULA B 209 GALAXY AVE. SPRING HILL FL 34606 <input type="checkbox"/> Delete |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> 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: SIGNATURE *[Signature]* 2-15-03-352 7964204

CR2E037 (10/02)