

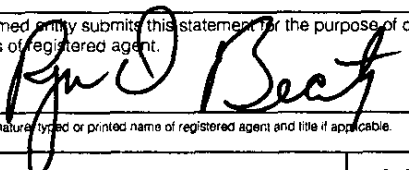
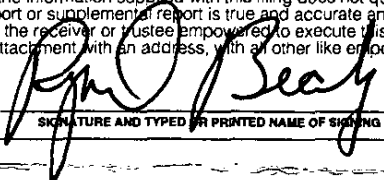


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 26, 2004 8:00 am**  
**Secretary of State**

04-26-2004 91286 043 \*\*\*\*\*70.00

<b>DOCUMENT # N19863</b> 1. Entity Name <b>CITRUS MEMORIAL HEALTH FOUNDATION, INC.</b>					
Principal Place of Business <b>% CHARLES A. BLASBAND</b> <b>502 HIGHLAND BLVD.</b> <b>INVERNESS, FL 34452-4754 US</b>				Mailing Address <b>% CHARLES A. BLASBAND</b> <b>502 HIGHLAND BLVD.</b> <b>INVERNESS, FL 34452-4754 US</b>	
2. Principal Place of Business <b>% RYAN D. BEATY</b> Suite, Apt. #, etc. <b>502 HIGHLAND BLVD.</b>		3. Mailing Address <b>% RYAN D. BEATY</b> Suite, Apt. #, etc. <b>502 HIGHLAND BLVD.</b>			
City & State <b>INVERNESS, FL</b>		City & State <b>INVERNESS, FL</b>		4. FEI Number <b>59-2890430</b>	
Zip <b>34452</b>		Country <b>US</b>		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>BLASBAND, CHARLES A.</b> <b>502 HIGHLAND BLVD.</b> <b>INVERNESS, FL 34452</b>				7. Name and Address of New Registered Agent Name <b>RYAN D. BEATY</b> Street Address (P.O. Box Number is Not Acceptable) <b>502 HIGHLAND BLVD.</b> City <b>INVERNESS</b> <b>FL</b> Zip Code <b>34452</b>	
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 		<b>RYAN D. BEATY</b>		<b>APRIL 19, 2004</b>	
Filing Fee is <b>\$61.25</b> Due by <b>May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
Make check payable to <b>Florida Department of State</b>					
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <b>BLASBAND, CHARLES A.</b> <b>502 HIGHLAND BLVD.</b> <b>INVERNESS, FL</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <b>BEATY, RYAN D.</b> <b>502 HIGHLAND BLVD.</b> <b>INVERNESS, FL 34452</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>HENIGAR, ROBERT L</b> <b>502 HIGHLAND BLVD</b> <b>CRYSTAL RIVER, FL</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>BRANNEN, JOE S</b> <b>502 HIGHLAND BLVD</b> <b>INVERNESS, FL</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>JORDAN, MARILYN</b> <b>502 HIGHLAND BLVD.</b> <b>INVERNESS, FL</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>ALCORN, STEPHEN W.</b> <b>502 HIGHLAND BLVD.</b> <b>INVERNESS, FL</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>KOFMEHL, PHILLIP C</b> <b>502 HIGHLAND BLVD.</b> <b>INVERNESS, FL</b>	<input type="checkbox"/> Delete	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: 		<b>RYAN D. BEATY</b>		<b>APRIL 19, 2004 352-344-6582</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	