
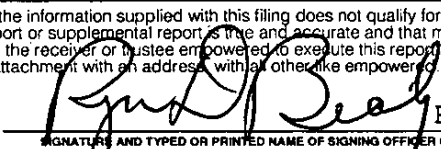


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 08, 2005 8:00 am**  
**Secretary of State**

04-08-2005 90046 031 \*\*\*\*70.00

<b>DOCUMENT # N19863</b> 1. Entity Name CITRUS MEMORIAL HEALTH FOUNDATION, INC.					
Principal Place of Business % RYAN D. BEATY 502 HIGHLAND BLVD. INVERNESS, FL 34452-4754 US			Mailing Address % RYAN D. BEATY 502 HIGHLAND BLVD. INVERNESS, FL 34452-4754 US		
2. Principal Place of Business  Suite, Apt. #, etc.			3. Mailing Address  Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number <b>59-2890430</b>	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>BEATY, RYAN D</b> <b>502 HIGHLAND BLVD.</b> <b>INVERNESS, FL 34452</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				\$8.75 Additional Fee Required	
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BEATY, RYAN D 502 HIGHLAND BLVD. INVERNESS, FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HENIGAR, ROBERT L 502 HIGHLAND BLVD CRYSTAL RIVER, FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRANNEN, JOE S 502 HIGHLAND BLVD INVERNESS, FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JORDAN, MARILYN 502 HIGHLAND BLVD. INVERNESS, FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALCORN, STEPHEN W. 502 HIGHLAND BLVD INVERNESS, FL	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KOFMEHL, PHILLIP C 502 HIGHLAND BLVD. INVERNESS, FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST 	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV 	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D REDDY, VENUGOPALA 502 HIGHLAND BLVD INVERNESS, FL	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D 	<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.					
<b>SIGNATURE:</b>  <b>RYAN D. BEATY</b> <b>APRIL 8, 2005</b> <b>352-344-6595</b>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

# ATTACHMENT

40050137  
# N19863

ATTACHMENT TO 2005 CORPORATION ANNUAL REPORT  
CITRUS MEMORIAL HEALTH FOUNDATION, INC.  
FEI NUMBER 59-2890430

## BOX 11

## OFFICERS AND DIRECTORS CHANGES

7.1 D DC Change  
7.2 Langer, David  
7.3 502 Highland Blvd.  
7.4 Inverness, FL 34452

8.1 D  
8.2 Sanders, James T.  
8.3 502 Highland Blvd.  
8.4 Inverness, FL 34452

9.1 D  
9.2 Langley, Alida  
9.3 502 Highland Blvd.  
9.4 Inverness, FL 34452

10.1 DV D Change  
10.2 Frankel, Deborah  
10.3 502 Highland Blvd.  
10.4 Inverness, FL 34452

11.1 D  
11.2 Chadwick, Sandra  
11.3 502 Highland Blvd.  
11.4 Inverness, FL 34452

12.1 DC D Change  
12.2 Fredrick, Debra  
12.3 502 Highland Blvd.  
12.4 Inverness, FL 34452

13.1 D Delete  
13.2 Stringer, Thomas  
13.3 502 Highland Blvd.  
13.4 Inverness, FL 34452