

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 31, 2007 8:00 am
Secretary of State

DOCUMENT # N39765

1. Entity Name
**CITRUS MEDICAL CENTER OWNERS' ASSOCIATION,
INC.**



Principal Place of Business
**5616 W. NORVELL BRYANT HIGHWAY
CRYSTAL RIVER, FL 34429**

Mailing Address
**5616 W. NORVELL BRYANT HIGHWAY
CRYSTAL RIVER, FL 34429**

01-31-2007 90069 001 ****20.41
01-31-2007 90069 002 ****20.62
01-31-2007 90069 003 ****20.42

66000618



01112007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3263938

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**SHUKLA, MANOJ B
5616 W. NORVELL BRYANT HIGHWAY
CRYSTAL RIVER, FL 34429**

**DO NOT WRITE
IN THIS SPACE**

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

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**DP
SHUKLA, MANOJ B
5616 W. NORVELL BRYANT HIGHWAY
CRYSTAL RIVER, FL 34429**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
POTU, RANGANATHA P
5606 W. NORVELL BRYANT HIGHWAY
CRYSTAL RIVER, FL 34429**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**DS
PARIKH, BHARAT V
P.O. BOX 207 NA
CRYSTAL RIVER, FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

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 the empowered.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/25/07 352-795-1999
Date Daytime Phone #