

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N39765

**FILED**  
**Apr 23, 2012**  
**Secretary of State**

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

**Current Principal Place of Business:**

5616 W. NORVELL BRYANT HIGHWAY  
CRYSTAL RIVER, FL 34429

**New Principal Place of Business:**

**Current Mailing Address:**

5616 W. NORVELL BRYANT HIGHWAY  
CRYSTAL RIVER, FL 34429

**New Mailing Address:**

**FEI Number:** 59-3263938

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SHUKLA, MANOJ B  
5616 W. NORVELL BRYANT HIGHWAY  
CRYSTAL RIVER, FL 34429 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: DP  
Name: SHUKLA, MANOJ B  
Address: 5616 W. NORVELL BRYANT HIGHWAY  
City-St-Zip: CRYSTAL RIVER, FL 34429

Title: D  
Name: POTU, RANGANATHA P  
Address: 5606 W. NORVELL BRYANT HIGHWAY  
City-St-Zip: CRYSTAL RIVER, FL 34429

Title: DS  
Name: PARIKH, BHARAT V  
Address: P.O. BOX 207  
City-St-Zip: CRYSTAL RIVER, FL 34429

I hereby 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 all other like empowered.

SIGNATURE: MANOJ B SHUKLA

DP

04/23/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date