

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N49671

FILED  
Jan 12, 2007  
Secretary of State

Entity Name: CITRUS COUNTY MEDICAL SOCIETY, INC.

## Current Principal Place of Business:

131 SOUTH CITRUS AVE  
INVERNESS, FL 34452 US

## New Principal Place of Business:

131 SOUTH CITRUS AVE  
303  
INVERNESS, FL 34452 US

## Current Mailing Address:

PO BOX 2601  
INVERNESS, FL 34451 US

## New Mailing Address:

FEI Number: 59-1582682

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MILLER, MARCI A  
131 SOUTH CITRUS AVE  
INVERNESS, FL 34452 US

## Name and Address of New Registered Agent:

LOCKLIEAR, MARCI A  
131 SOUTH CITRUS AVE  
303  
INVERNESS, FL 34452 US

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: MARCI A (MILLER) LOCKLIEAR

01/12/2007

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: HARRER, WILLIAM MD  
Address: 501 MEDICAL CT.  
City-St-Zip: INVERNESS, FL 34452

Title: SD ( ) Delete  
Name: FONSECA, GUSTAVO A MD  
Address: 521 NORTH LECANTO HWY  
City-St-Zip: LECANTO, FL 34461

Title: TD ( ) Delete  
Name: BELLAM, RAJENDRA P MD  
Address: 11707 N WILLIAMS ST  
City-St-Zip: DUNNELLON, FL 34432

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: WILLIAM HARRER, M.D.

D

01/12/2007

Electronic Signature of Signing Officer or Director

Date