2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 03, 2009
Secretary of State

DOCUMENT# N49671

Entity Name: CITRUS COUNTY MEDICAL SOCIETY, INC.

Current Principal Place of Business:

521 N. LECANTO HWY
LECANTO, FL 34461 US

New Principal Place of Business:

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 ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

FONSECA, GUSTAVO MD
521 N. LECANTO HWY
LECANTO, FL 34461 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: 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 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: GUSTAVO FONSECA DR 08/03/2009

Electronic Signature of Signing Officer or Director — Date