2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 06, 2012
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 ( )**

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
Name: HARRER, WILLIAM MD
Address: 501 MEDICAL CT.
City-St-Zip: INVERNESS, FL 34452

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

Title: TD
Name: MENA, NATHAN MD
Address: 840 SOUTH BEA AVENUE
City-St-Zip: INVERNESS, FL 34452

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: GUSTAVO FONSECA DR 03/06/2012
Electronic Signature of Signing Officer or Director Date