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Jan 30 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N93000001394 (6)

1. Corporation Name

CITRUS MEMORIAL HEALTH FOUNDATION MANAGEMENT SER
VICES CORPORATION

Principal Place of Business

502 HIGHLAND BLVD.
INVERNESS FL 34452

Mailing Address

502 HIGHLAND BLVD.
INVERNESS FL 34452-4720



3. Date Incorporated or Qualified
03/26/1993

3a. Date of Last Report
02/26/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

4. FEI Number
65-0409040

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

BLASBAND, CHARLES A
502 HIGHLAND BLVD.
INVERNESS FL 34452

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reconstituting)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME D
BRANNEN, JOE S
STREET ADDRESS 320 HWY 41 SO
CITY-ST-ZIP INVERNESS FL

TITLE ☐ DELETE

NAME D
LANGER, DAVID
STREET ADDRESS 502 HIGHLAND BLVD.
CITY-ST-ZIP INVERNESS FL

TITLE ☐ DELETE

NAME P
BLASBAND, CHARLES A
STREET ADDRESS 502 HIGHLAND BLVD.
CITY-ST-ZIP INVERNESS FL 34452

TITLE ☐ DELETE

NAME D
JORDAN, MARILYN

CITY-ST-ZIP INVERNESS FL

TITLE ☐ DELETE

NAME D
SANDERS, JAMES
STREET ADDRESS 502 HIGHLAND BLVD.
CITY-ST-ZIP INVERNESS FL

TITLE ☐ DELETE

NAME SDT
ALCORN, STEPHEN W.
STREET ADDRESS 609 W. HIGHLAND BLVD.
CITY-ST-ZIP INVERNESS FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE ☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE SDT ☒ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE DV ☒ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE Charles A. Blasband

[Signature]

1-72-97

352-726-1551

CR2E037 (9/96)

ATTACHMENT TO 1997 CORPORATION ANNUAL REPORT
CITRUS MEMORIAL HEALTH FOUNDATION MANAGEMENT SERVICES CORP.
FEI NUMBER 65-0409040

BOX 13

OFFICERS AND DIRECTORS CHANGES

7.1 D
7.2 Henigar, Robert L.
7.3 502 Highland Blvd.
7.4 Inverness, FL 34452

8.1 C/D
8.2 Jones, Floyd L.
8.3 502 Highland Blvd.
8.4 Inverness, FL 34452

D Change

9.1 D/V
9.2 Kofmehl, C. Phillip
9.3 502 Highland Blvd.
9.4 Inverness, FL 34452

C/D Change