

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 19, 2002 8:00 am
Secretary of State

02-19-2002 90010 004 ****61.25

DOCUMENT # N93000001394

1. Entity Name

CITRUS MEMORIAL HEALTH FOUNDATION MANAGEMENT SERVICES CORPORATION

Principal Place of Business

Mailing Address

**502 HIGHLAND BLVD.
 INVERNESS FL 34452**

**502 HIGHLAND BLVD.
 INVERNESS FL 34452**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0409040

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BLASBAND, CHARLES A
 502 HIGHLAND BLVD.
 INVERNESS FL 34452**

Name

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

City

FL

Zip Code

8. 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 _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	BRANNEN, JOE S	
STREET ADDRESS	320 HWY 41 SO	
CITY-ST-ZIP	INVERNESS FL	
TITLE	DC	<input type="checkbox"/> Delete
NAME	LANGER, DAVID	
STREET ADDRESS	502 HIGHLAND BLVD.	
CITY-ST-ZIP	INVERNESS FL	
TITLE	P	<input type="checkbox"/> Delete
NAME	BLASBAND, CHARLES A	
STREET ADDRESS	502 HIGHLAND BLVD.	
CITY-ST-ZIP	INVERNESS FL 34452	
TITLE	D	<input type="checkbox"/> Delete
NAME	JORDAN, MARILYN	
STREET ADDRESS	502 HIGHLAND BLVD.	
CITY-ST-ZIP	INVERNESS FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	SANDERS, JAMES	
STREET ADDRESS	502 HIGHLAND BLVD.	
CITY-ST-ZIP	INVERNESS FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	ALCORN, STEPHEN W.	
STREET ADDRESS	609 W. HIGHLAND BLVD.	
CITY-ST-ZIP	INVERNESS FL	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: *Charles A. Blasband* **SIGNATURE** **CHARLES A. BLASBAND** **01/22/02** **(352) 344-6595**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)

Attachment

Doc. # N93000001394
738147

ATTACHMENT TO 2002 CORPORATION ANNUAL REPORT
CITRUS MEMORIAL HEALTH FOUNDATION MANAGEMENT SERVICES CORP.
FEI NUMBER 65-0409040

BOX 11

OFFICERS AND DIRECTORS CHANGES

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

8.1 D
8.2 Kofmehl, C. Phillip
8.3 502 Highland Blvd.
8.4 Inverness, FL 34452

9.1 DV DC Change
9.2 Langley, Alida
9.3 502 Highland Blvd.
9.4 Inverness, FL 34452

10.1 D DELETE D Addition
10.2 Jenkins, Randall Frankel, Deborah
10.3 502 Highland Blvd. 502 Highland Blvd.
10.4 Inverness, FL 34452 Inverness, FL 34452

11.1 DST DV Change
11.2 Chadwick, Sandra
11.3 502 Highland Blvd.
11.4 Inverness, FL 34452

12.1 D
12.2 Fredrick, Debra
12.3 502 Highland Blvd.
12.4 Inverness, FL 34452

13.1 D
13.2 Stringer, Thomas F Addition
13.3 609 W. Highland Blvd.
13.4 Inverness, FL 34452