


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 28, 2005 8:00 am**  
**Secretary of State**

03-28-2005 90053 040 \*\*\*\*61.25

<b>DOCUMENT # N93000001394</b>	
1. Entity Name <b>CITRUS MEMORIAL HEALTH FOUNDATION MANAGEMENT SERVICES CORPORATION</b>	

Principal Place of Business <b>502 HIGHLAND BLVD. INVERNESS, FL 34452</b>	Mailing Address <b>502 HIGHLAND BLVD. INVERNESS, FL 34452</b>
--	--

40040111

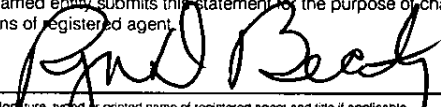


2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

01062005 Chg-NP CR2E037 (10/03)

4. FEI Number <b>65-0409040</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent <b>BLASBAND, CHARLES A 502 HIGHLAND BLVD. INVERNESS, FL 34452</b>		7. Name and Address of New Registered Agent Name <b>BEATY, RYAN D.</b> Street Address (P.O. Box Number is Not Acceptable) <b>502 HIGHLAND BLVD.</b> City <b>INVERNESS</b> FL Zip Code <b>34452</b>

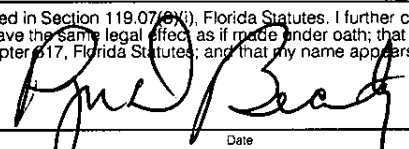
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  **RYAN D. BEATY** **JANUARY 21, 2005**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>Filing Fee is \$61.25 Due by May 1, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>Make check payable to Florida Department of State</b>
---	---	--

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BRANNEN, JOE S</b> <b>502 HIGHLAND BLVD</b> <b>INVERNESS, FL</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DV</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>LANGER, DAVID</b> <b>502 HIGHLAND BLVD.</b> <b>INVERNESS, FL</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DC</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>BEATY, RYAN</b> <b>502 HIGHLAND BLVD.</b> <b>INVERNESS, FL 34452</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>JORDAN, MARILYN</b> <b>502 HIGHLAND BLVD.</b> <b>INVERNESS, FL</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>SANDERS, JAMES</b> <b>502 HIGHLAND BLVD.</b> <b>INVERNESS, FL</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>REDDY, VENUGOPALA</b> <b>502 HIGHLAND BLVD.</b> <b>INVERNESS, FL 34452</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(2)(b), 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:** **Ryan D. Beaty** **March 23, 2005**  **(352)**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # **344-6584**

# ATTACHMENT

40040111

# N93000001394

ATTACHMENT TO 2005 CORPORATION ANNUAL REPORT  
CITRUS MEMORIAL HEALTH FOUNDATION MANAGEMENT SERVICES CORP.  
FEI NUMBER 65-0409040

## BOX 11

## OFFICERS AND DIRECTORS CHANGES

	DST	Change
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 D  
9.2 Langley, Alida  
9.3 502 Highland Blvd.  
9.4 Inverness, FL 34452

10.1 DV	D	Change
10.2 Frankel, Deborah		
10.3 502 Highland Blvd.		
10.4 Inverness, FL 34452		

11.1 D  
11.2 Chadwick, Sandra  
11.3 502 Highland Blvd.

~~11.4 Inverness, FL 34452~~

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

13.1 DST		Delete
13.2 Stringer, Thomas		
13.3 502 Highland Blvd.		
13.4 Inverness, FL 34452		