


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2007 8:00 am
Secretary of State

04-20-2007 90199 004 ****61.25

DOCUMENT # N93000001394	
1. Entity Name CITRUS MEMORIAL HEALTH FOUNDATION MANAGEMENT SERVICES CORPORATION	

Principal Place of Business 502 HIGHLAND BLVD. INVERNESS, FL 34452	Mailing Address 502 HIGHLAND BLVD. INVERNESS, FL 34452
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00001423

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

01092007 Chg-NP CR2E037 (12/06)	
4. FEI Number 65-0409040	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		7. Name and Address of New Registered Agent	
BEATY, RYAN D 502 HIGHLAND BLVD. INVERNESS, FL 34452		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	

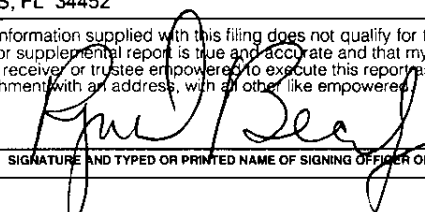
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DC BRANNEN, JOE S 502 HIGHLAND BLVD INVERNESS, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Brannen, Joe S 502 Highland Blvd. Inverness, FL 34452 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LANGER, DAVID 502 HIGHLAND BLVD. INVERNESS, FL <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	P BEATY, RYAN 502 HIGHLAND BLVD. INVERNESS, FL 34452 <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	D JORDAN, MARILYN 502 HIGHLAND BLVD. INVERNESS, FL <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	D SANDERS, JAMES 502 HIGHLAND BLVD. INVERNESS, FL <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	D REDDY, VENUGOPALA 502 HIGHLAND BLVD INVERNESS, FL 34452 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV Reddy, Venugopala 502 Highland Blvd. Inverness, FL 34452 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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** **4/17/2007** **352-344-6595**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT

50001423

#N93000001394

ATTACHMENT TO 2007 CORPORATION ANNUAL REPORT
CITRUS MEMORIAL HEALTH FOUNDATION MANAGEMENT SERVICE CORP.
FEI NUMBER 65-0409040

BOX 10 OFFICERS AND DIRECTORS

7.1 DST
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 D
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 D
12.2 Frederick, Debra
12.3 502 Highland Blvd.
12.4 Inverness, FL 34452

BOX 11 CHANGES

DC Change
Henigar, Robert L.
502 Highland Blvd.
Inverness, FL 34452

DST Change
Frankel, Deborah
502 Highland Blvd.
Inverness, FL 34452