2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Apr 16, 2008 8:00 am Secretary of State

1. Entity Nam CITRUS N	MENT # N9300000 MEMORIAL HEALTH FOU MENT SERVICES CORPO	NDATION		04-	16-2008 90	0039 013 ****	61.25	
502 HIGHLAND BLVD. 502		Mailing Address 502 HIGHLAND BLVD. INVERNESS, FL 34452)2 HIGHLAND BLVD.		·	6002501		P(18) m. (88)
2. Principal P	Place of Business - No P.O. Box #	3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04142008	Chg-NP	CR2E037 (1	2/06)	
City & State		City & State		4. FEI Number			<u> </u>	oplied For
Zip Country		Zip	Country	65-04090 5. Certificate of		<u> </u>	75 Add	ot Applicable ditional
	6 Name and Address of Curren	t Registered Agent		<u></u>		V Registered Ager	Require	d
6. Name and Address of Current Registered Agent				7. Italia alia A	uness 01 1461	e noglatered Ager		
BEATY, RYAN D 502 HIGHLAND BLVD. INVERNESS, FL 34452			Street A	ddress (P.O. Box Number i	s Not Accepta	ible)		
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	<u> </u>		City			FL	Zip Cod	e
	named entity sybmits this statement it tions of registered agent.	or the purpose of changing its r	egistered office o	r registered agent, or both,	in the State of	Florida. I am famil	iar with,	and accept
SIGNATURE .	Signature, typed or printed name of registered ager	it and title if applicable. (NOTE:	Regislered Agent signal	ure required when reinstating)		DATE		
SIGNATURE	Signature, typed or printed name of registered agent Filling Fee is \$61.25 Due by May 1, 2008	9. Election Cam Trust Fund Co	paign Financing	s5.00 May Be Added to Fees	F	Make check pa lorida Departme		
10.	Filing Fee is \$61.25 Due by May 1, 2008 OFFICERS AND D	9. Election Cam Trust Fund Co	paign Financing ontribution.	\$5.00 May Be		Make check pa lorida Departme CERS AND DIREC	nt of SI	tate
10. TITLE - NAME STREET ADDRESS	Filing Fee is \$61.25 Due by May 1, 2008 OFFICERS AND D BRANNEN, JOE S 502 HIGHLAND BLVD	9. Election Cam Trust Fund Co	paign Financing ontribution. 11. TITLE NAME STREET ADDRESS	\$5.00 May Be Added to Fees		Make check pa lorida Departme CERS AND DIREC	nt of SI	tate
10. TITLE - NAME STREET ADDRESS' CITY-ST-ZIP	Filing Fee is \$61.25 Due by May 1, 2008 OFFICERS AND D BRANNEN, JOE S	9. Election Camp Trust Fund Co IRECTORS	paign Financing ontribution. 11. TITLE NAME STREET ADDRESS CITY-ST-ZIP	\$5.00 May Be Added to Fees ADDITIONS/CHAN		Make check pa lorida Departme CERS AND DIREC	nt of SI TORS IN Change	tate 1 10 Addition
10. TITLE - NAME STREET ADDRESS	Filing Fee is \$61.25 Due by May 1, 2008 OFFICERS AND D BRANNEN, JOE S 502 HIGHLAND BLVD INVERNESS, FL 34452	9. Election Cam Trust Fund Co	paign Financing ontribution. 11. TITLE NAME STREET ADDRESS	\$5.00 May Be Added to Fees ADDITIONS/CHAN D/S/T Langer, David 502 Highland	GES TO OFFI	Make check pa lorida Departme CERS AND DIREC	nt of SI	tate
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10. TITLE - NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Filing Fee is \$61.25 Due by May 1, 2008 OFFICERS AND D BRANNEN, JOE S 502 HIGHLAND BLVD INVERNESS, FL 34452 D LANGER, DAVID 502 HIGHLAND BLVD. INVERNESS, FL P BEATY, RYAN 502 HIGHLAND BLVD.	9. Election Camparate Trust Fund Conference Of the Conference Of t	paign Financing ontribution. 11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS	D/S/T Langer, David 502 Highland Inverness, FL D Rao, V Upende 502 Highland	Blvd er, MD Blvd	Make check pa forida Departme	nt of SI TORS IN Change Change	I 10 Addition
10. TITLE - NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	Filing Fee is \$61.25 Due by May 1, 2008 OFFICERS AND D BRANNEN, JOE S 502 HIGHLAND BLVD INVERNESS, FL 34452 D LANGER, DAVID 502 HIGHLAND BLVD. INVERNESS, FL P BEATY, RYAN 502 HIGHLAND BLVD. INVERNESS, FL 34452 D JORDAN, MARILYN 502 HIGHLAND BLVD.	9. Election Campartrust Fund Conference Delete Delete	paign Financing ontribution. 11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/S/T Langer, David 502 Highland Inverness, FL	Blvd er, MD Blvd	Make check pailorida Departme	ORS IN Change Change Change	I 10 Addition Addition 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 this tee 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 privary like empowered.

SIGNATURE:

SIGNATURE IND TYPED OR PRIMED RAME OF SIGNATURE OF PRIMED RAME OF SIGNATURE OF DIRECTOR

4/15/08

352-344-6595

ATTACHMENT

ATTACHMENT TO 2008 CORPORATION ANNUAL REPORT CITRUS MEMORIAL HEALTH FOUNDATION MANAGEMENT SERVICE CORP. FEI NUMBER 65-0409040

BOX 10 OFFICERS AND DIRECTORS

BOX 11 CHANGES

7.1	DC
7.2	Henigar, Robert L.
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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 DST

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

D

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

D

Frankel, Deborah 502 Highland Blvd. Inverness, FL 34452

D/V

Chadwick, Sandra 502 Highland Blvd. Inverness, FL 34452