

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000001394

FILED
Jan 09, 2009
Secretary of State

Entity Name: CITRUS MEMORIAL HEALTH FOUNDATION MANAGEMENT SERVICES CORPORATION

Current Principal Place of Business:

502 HIGHLAND BLVD.
INVERNESS, FL 34452

New Principal Place of Business:

Current Mailing Address:

502 HIGHLAND BLVD.
INVERNESS, FL 34452

New Mailing Address:

FEI Number: 65-0409040

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BEATY, RYAN D
502 HIGHLAND BLVD.
INVERNESS, FL 34452 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: BRANNEN, JOE S
Address: 502 HIGHLAND BLVD
City-St-Zip: INVERNESS, FL 34452

Title: DST () Delete
Name: LANGER, DAVID
Address: 502 HIGHLAND BLVD
City-St-Zip: INVERNESS, FL

Title: P () Delete
Name: BEATY, RYAN
Address: 502 HIGHLAND BLVD.
City-St-Zip: INVERNESS, FL 34452

Title: D () Delete
Name: RAO, V UPENDER MD
Address: 502 HIGHLAND BLVD.
City-St-Zip: INVERNESS, FL

Title: D () Delete
Name: SANDERS, JAMES
Address: 502 HIGHLAND BLVD.
City-St-Zip: INVERNESS, FL

Title: DC () Delete
Name: REDDY, VENUGOPALA
Address: 502 HIGHLAND BLVD
City-St-Zip: INVERNESS, FL 34452

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: EMERY HENSLEY

CFO

01/09/2009

Electronic Signature of Signing Officer or Director

Date