2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # N9300001394

1. Entity Name

## CITRUS MEMORIAL HEALTH FOUNDATION MANAGEMENT SER VICES CORPORATION



FILED Jan 30, 2003 8:00 am Secretary of State

01-30-2003 90123 011 \*\*\*\*61.25

					18.35					
Principal Place of Business Mailing Address			Mailing Address			]				
502 HIGHLAND BLVD. 502			502 HIGHLAND BLVD. INVERNESS FL 34452			90013190				
9 Principal	Place of Busine		3. Mailing Address							
2. Principal Place of Business 3. Ma			3. Maining Address	naming Address		# 18014.04 D/O 40/0	o sinst overti nosin sežim dol	as instillatere asidā ia	<b>     </b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		☐ CHECK HERE IF MAKING CHANGES					
City & State		City & State	City & State		4. FEI Number 65-0409040			oplied For ot Applicable		
Zip Country Zip			Zip	Country	Country 5. Certificate of S			\$8.75 Add Fee Require		
6. Name and Address of Current Registered			t Registered Agent		7. Name and Address			ed Agent		
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BLASBAND, CHARLES A 502 HIGHLAND BLVD.				Street Add		ss (P.O. Box Number is Not Acceptable)				
INVERNE	ESS FL 34452	2								
•			•	City				FL Zip Cod	е	
			for the purpose of manging i	ts registered office o	r registe	ered agent, or both, in th	e State of Florida. 1	am familiar with,	and accept	
the obliga	ations of register	red agent.							i	
		110/1					1-77	1-03		
SIGNATURE		///ana					101	_0 _	<del></del>	
	Signatule; typed or	r printed name of registered agen	at and title if applicable. (NC	OTE: Registered Agent signal	ture require	d when reinstating)		TE		
	FILE NOW:	FEE IS \$61.25		ampaign Financing		<b>\$5.00</b> May Be		eck Payable		
		, _ , _ , _ , _ , ,	Trust Fund	Contribution.	Ш	Added to Fees	Florida De <sub>l</sub>	partment of S	State	
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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 supplied that it is an an officer or director of the corporation or the receiver or justed in provided to recute 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 action of the corporation of the corporation of the receiver of the corporation of the receiver of the receive

SIGNATURE:

LESTAN BLASBAND EQUIRED

January 23, 2003 352-726-1551

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ATTACHMENT TO 2003 CORPORATION ANNUAL REPORT # \( \Partial B \) DOCO | 394 CITRUS MEMORIAL HEALTH FOUNDATION MANAGEMENT SERVICES CORP. FEI NUMBER 65-0409040

## BOX 11

## OFFICERS AND DIRECTORS CHANGES

7.3	Henigar, Robert L.		, .	
8.1 8.2 8.3 8.4	D Kofmehl, C. Phillip 502 Highland Blvd. Inverness, FL 34452			
9.2	DC Langley, Alida 502 Highland Blvd. Inverness, FL 34452		D	Change
10.3	D Frankel, Deborah 502 Highland Blvd. Inverness, FL 34452		DST	Change
11.2 11.3	DV Chadwick, Sandra 502 Highland Blvd. Inverness, FL 34452	<b>~</b> .	DC .	Change
12.3	D Fredrick, Debra 502 Highland Blvd. Inverness, FL 34452		DV	Change
13,3	D Stringer, Thomas 502 Highland Blvd. Inverness, FL 34452			