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Feb 20 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N96000003107 (7)

1. Corporation Name

NORTH CENTRAL FLORIDA HEALTH PARTNERS, INC.

Principal Place of Business

131 SW 15TH STREET
OCALA FL 34474

Mailing Address

131 SW 15TH STREET
OCALA FL 34474-40293. Date Incorporated or Qualified
06/11/19963a. Date of Last Report
N/A

4. FEI Number

59-3393247

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes☐ Yes☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PUTNAL, KAREN A
118 N GADSDEN ST
SUITE 200
TALLAHASSEE FL 32301

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE
NAME BRUINING, DWIGHT
STREET ADDRESS 502 HIGHLAND BLVD
CITY - ST - ZIP INVERNESS FL 34452TITLE D ☐ DELETE
NAME DORN, JOSEPH
STREET ADDRESS 502 HIGHLAND BLVD
CITY - ST - ZIP INVERNESS FL 34452TITLE D ☐ DELETE
NAME HENSLEY, EMERY
STREET ADDRESS 502 HIGHLAND BLVD
CITY - ST - ZIP INVERNESS FL 34452TITLE D ☐ DELETE
NAME LA MARCHE, MICHAEL
STREET ADDRESS 502 HIGHLAND BLVD
CITY - ST - ZIP INVERNESS FL 34452TITLE D ☒ DELETE
NAME HALL, DOUGLAS
STREET ADDRESS 131 SW 15TH STREET
CITY - ST - ZIP OCALA FL 34474TITLE D ☐ DELETE
NAME RAJU, DANTE
STREET ADDRESS 131 SW 15TH ST
CITY - ST - ZIP OCALA FL 34474

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE T ☒ Change ☐ Addition
12 NAME
13 STREET ADDRESS
14 CITY - ST - ZIP21 TITLE V ☒ Change ☐ Addition
22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP31 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP51 TITLE D ☐ Change ☒ Addition
52 NAME OVERCASH, TODD
53 STREET ADDRESS 131 SW 15th STREET
54 CITY - ST - ZIP OCALA, FL 3447461 TITLE S ☒ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 CITY - ST - ZIP

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Dwight Bruining

2/18/97

352-726-1551

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0065781

CR2E037 (9/96)

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ATTACHMENT TO 1997 CORPORATION ANNUAL REPORT
NORTH CENTRAL FLORIDA HEALTH PARTNERS, INC.
FEI NUMBER 59-3393247

BOX 13

OFFICERS AND DIRECTORS CHANGES

7.1 P
7.2 Michell, Dyer
7.3 131 S.W. 15th Street
7.4 Ocala, FL 34474

Addition

8.1 D
8.2 Mutarelli, Richard
8.3 131 S.W. 15th Street
8.4 Ocala, FL 34474

Addition