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Mar 03 1998 8:00am  
Secretary of State

<b>NONPROFIT CORPORATION ANNUAL REPORT 1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N96000003107 (7)**

1. Corporation Name

**NORTH CENTRAL FLORIDA HEALTH PARTNERS, INC.**

Principal Place of Business

Mailing Address

**131 SW 15TH STREET  
OCALA FL 34474**

**131 SW 15TH STREET  
OCALA FL 34474**

3. Date Incorporated or Qualified

**06/11/1996**

4. FEI Number

**59-3393247**

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

**21 Suite, Apt. #, etc.**

**26 Suite, Apt. #, etc.**

**22 City & State**

**27 City & State**

**23 Zip**

**25 Country**

**28 Zip**

**30 Country**

5. Certificate of Status Desired ☐

**\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution ☐

**\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITILE **T** ☐ DELETE  
NAME **BRUINING, DWIGHT**  
STREET ADDRESS **502 HIGHLAND BLVD**  
CITY-ST-ZIP **INVERNESS FL**

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITILE **V** ☐ DELETE  
NAME **DORN, JOSEPH**  
STREET ADDRESS **502 HIGHLAND BLVD**  
CITY-ST-ZIP **INVERNESS FL**

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITILE **D** ☐ DELETE  
NAME **HENSLEY, EMERY**  
STREET ADDRESS **502 HIGHLAND BLVD**  
CITY-ST-ZIP **INVERNESS FL 34452**

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITILE **D** ☐ DELETE  
NAME **LA MARCHE, MICHAEL**  
STREET ADDRESS **502 HIGHLAND BLVD**  
CITY-ST-ZIP **INVERNESS FL 34452**

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITILE **D** ☐ DELETE  
NAME **OVERCASH, TODD**  
STREET ADDRESS **131 S.W. 15TH STREET**  
CITY-ST-ZIP **OCALA FL**

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITILE **S** ☐ DELETE  
NAME **RAJU, DANTE**  
STREET ADDRESS **131 SW 15TH ST**  
CITY-ST-ZIP **OCALA FL**

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. 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 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**

2-27-98

352-726-1551

CR2037 (1097)

**ATTACHMENT TO 1998 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**

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