

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 06, 1999 8:00 am
Secretary of State

03-06-1999 90116 012 ****61.25

DOCUMENT # N96000003107

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

06/11/1996

4. FEI Number

59-3393247

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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 ☐ DELETE

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

☐ DELETE

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

☐ DELETE

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

☐ DELETE

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

☐ DELETE

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

☐ DELETE

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

Dwight Bruining
SIGNATURE REQUIRED

2-19-99 352-726-1551

Date

Daytime Phone #

CR2E037 (11/98)

183475-90116-12
N96000003107

ATTACHMENT TO 1999 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