

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N96000003107**

1. Entity 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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3393247**

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

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

City

FL

Zip Code

8. 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
FEE IS \$61.25**9. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
T BRUINING, DWIGHT 502 HIGHLAND BLVD INVERNESS FL	<input type="checkbox"/>		
V DORN, JOSEPH 502 HIGHLAND BLVD INVERNESS FL	<input type="checkbox"/>		
D HENSLEY, EMERY 502 HIGHLAND BLVD INVERNESS FL 34452	<input type="checkbox"/>		
D LA MARCHE, MICHAEL 502 HIGHLAND BLVD INVERNESS FL 34452	<input checked="" type="checkbox"/>		
D OVERCASH, TODD 131 S.W. 15TH STREET OCALA FL	<input type="checkbox"/>		
S RAJU, DANTE 131 SW 15TH ST OCALA FL	<input type="checkbox"/>		

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 supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Dwight Bruining
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Mar 16, 2001 8:00 am
Secretary of State

03-16-2001 90024 047 ****61.25



DO NOT WRITE IN THIS SPACE

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CR2E037 (10/00)

attachment #
196000003107

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ATTACHMENT TO 2001 CORPORATION ANNUAL REPORT
NORTH CENTRAL FLORIDA HEALTH PARTNERS, INC.
FEI NUMBER 59-3393247

BOX 11

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