

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 23, 2004 8:00 am**  
**Secretary of State**

04-23-2004 90225 027 \*\*\*\*61.25

**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**

**94062274**



**MOORE CR2E037 (11/03)**

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. I am familiar with, and accept the obligations of registered agent.

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  
Due By May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

T  
NAME  
JERRALD DELOACH  
STREET ADDRESS  
502 HIGHLAND BLVD  
CITY-ST-ZIP  
INVERNESS, FL 34452 ☐ Change ☒ Addition

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

D  
NAME  
SCHMIDT, PETER  
STREET ADDRESS  
502 HIGHLAND BLVD  
CITY-ST-ZIP  
INVERNESS, FL 34452 ☐ Change ☒ Addition

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

V  
NAME  
  
STREET ADDRESS  
  
CITY-ST-ZIP  
  
 ☒ Change ☐ Addition

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

NAME  
  
STREET ADDRESS  
  
CITY-ST-ZIP  
  
 ☐ Change ☐ Addition

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

NAME  
  
STREET ADDRESS  
  
CITY-ST-ZIP  
  
 ☐ Change ☐ Addition

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

NAME  
  
STREET ADDRESS  
  
CITY-ST-ZIP  
  
 ☐ Change ☐ Addition

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:**

*Emery Hensley*

**EMERY HENSLEY**

**MARCH 26, 2004**

**352-344-6584**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Attachment*

*# N96000003/07*

ATTACHMENT TO 2004 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