

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 20, 2007 08:00 A
Secretary of State

DOCUMENT # N96000003107

1. Entity Name
NORTH CENTRAL FLORIDA HEALTH PARTNERS, INC.



Principal Place of Business
**131 SW 15TH STREET
OCALA, FL 34474**

Mailing Address
**502 HIGHLAND BLVD
INVERNESS, FL 34452**



01092007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

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

**WESCH, DIANE L
502 HIGHLAND BLVD
INVERNESS, FL 34452**

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IN THIS SPACE**

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 _____

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**CD
CLARK, PAUL
131 SW 15TH STREET
OCALA, FL 34474**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
SCHMIDT, PETER
502 HIGHLAND BLVD
INVERNESS, FL 34452**

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

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

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

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

U00000720481
05/01/07-80106-012 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/2007

Date

352-344-6584

Daytime Phone #