

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000003107

FILED  
Mar 24, 2009  
Secretary of State

**Entity Name:** NORTH CENTRAL FLORIDA HEALTH PARTNERS, INC.

**Current Principal Place of Business:**

131 SW 15TH STREET  
OCALA, FL 34474

**New Principal Place of Business:**

**Current Mailing Address:**

502 HIGHLAND BLVD  
INVERNESS, FL 34452

**New Mailing Address:**

**FEI Number:** 59-3393247

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: CD ( ) Delete  
Name: PURVES, STEVVE  
Address: 131 SW 15TH STREET  
City-St-Zip: OCALA, FL 34474

Title: D ( ) Delete  
Name: SCHMIDT, PETER  
Address: 502 HIGHLAND BLVD  
City-St-Zip: INVERNESS, FL 34452

Title: TD ( ) Delete  
Name: HENSLEY, EMERY  
Address: 502 HIGHLAND BLVD  
City-St-Zip: INVERNESS, FL 34452

Title: D ( ) Delete  
Name: LA MARCHE, MICHAEL  
Address: 502 HIGHLAND BLVD  
City-St-Zip: INVERNESS, FL 34452

Title: D ( ) Delete  
Name: OVERCASH, TODD  
Address: 131 S.W. 15TH STREET  
City-St-Zip: OCALA, FL

Title: D ( ) Delete  
Name: RAJU, DANTE  
Address: 131 SW 15TH ST  
City-St-Zip: OCALA, FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: EMERY HENSLEY

TD

03/24/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date