2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2012
Secretary of State

DOCUMENT# N96000003107

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 W. 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 W. 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: D
Name: PURVES, STEVE
Address: 131 SW 15TH STREET
City-St-Zip: OCALA, FL 34474

Title: D
Name: SCHMIDT, PETER M.D.
Address: 502 W. HIGHLAND BLVD
City-St-Zip: INVERNESS, FL 34452

Title: D
Name: WILLIAMS, MARK A
Address: 502 W. HIGHLAND BLVD
City-St-Zip: INVERNESS, FL 34452

Title: D
Name: LA MARCHE, MICHAEL D.O.
Address: 502 HIGHLAND BLVD
City-St-Zip: INVERNESS, FL 34452

Title: D
Name: OVERCASH, TODD
Address: 131 SW 15TH STREET
City-St-Zip: OCALA, FL 34474

Title: D
Name: RAJU, DANTE
Address: 131 SW 15TH ST
City-St-Zip: OCALA, FL 34474

I hereby 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 all other like empowered.

SIGNATURE: MARK A. WILLIAMS D 04/24/2012

Electronic Signature of Signing Officer or Director — Date