

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**


FILED
Jun 05, 2003 8:00 am
Secretary of State

06-05-2003 90127 017 ****61.25

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DOCUMENT # N96000003107

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



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



CHECK HERE IF MAKING CHANGES

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

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

7. Name and Address of New Registered Agent

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 _____ (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 Florida Department of State

10. OFFICERS AND DIRECTORS

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: 

6-2-03

CR2E037 (10/02)

801 24584

N96000003107

ATTACHMENT TO 2003 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