FILED
Jul 09, 2008 8:00 am
Secretary of State
07-09-2008 90019 019 ***150.00

40109819

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P00000065967

1. Entity Name
CITRUS MOTILITY & INCONTINENCE SERVICES, INC.

Principal Place of Business	Mailing Address
6683 TURNER CAMP RD. INVERNESS, FL 34450	P.O. BOX 56 INVERNESS, FL 34451

DO NOT WRITE IN THIS SPACE

07072008 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3662939
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

OSTERHOUT, REBECCA N
6683 TURNER CAMP RD.
INVERNESS, FL 34450

DO NOT WRITE 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating.

FILE NOW!!! FEE IS $150.00
Due by September 12, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	OSTERHOUT, REBECCA
STREET ADDRESS	P.O. BOX 56
CITY-ST-ZIP	INVERNESS, FL 344510056
TITLE	V
NAME	HESS, JULIE J
STREET ADDRESS	3571 MUDLUK RD SW
CITY-ST-ZIP	ROANOKE, VA 24018
TITLE	Secretary
NAME	Maxine Nicholson
STREET ADDRESS	P.O.Box 584
CITY-ST-ZIP	Dunnellon, Fl 34430
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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 607, 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: Rebecca N. Osterhout 07/07/08 352-637-1455
SIGNATURE AND TYPED OR PRINTED NAME OF MEMBER OR AUTHORIZED OFFICER OR DIRECTOR — Date — Daytime Phone #