

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000146783

FILED
Jun 08, 2009
Secretary of State

Entity Name: BUNNELL MEDICAL CENTER, INC.

Current Principal Place of Business:

700 E MOODY BLVD.
BUNNELL, FL 32110 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 727
BUNNELL, FL 32110 US

New Mailing Address:

FEI Number: 20-1820435

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NOWELL, SIDNEY M ESQ.
1102 E. MOODY BLVD.
BUNNELL, FL 32110 US

Name and Address of New Registered Agent:

LUCAS, SYLVESTER
700 MOODY BLVD
BUNNELL, FL 32110 US

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: SYLVESTER LUCAS

06/08/2009

Electronic Signature of Registered Agent

Date

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: CANAKARIS, JOHN M DR
Address: P O BOX 727
City-St-Zip: BUNNELL, FL 32110 US

Title: D () Delete
Name: LUCAS, SYLVESTER
Address: 700 E MOODY BLVD
City-St-Zip: BUNNELL, FL 32110 US

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: LUCAS, YOLANDA DR
Address: 700 E MOODY BLVD
City-St-Zip: BUNNELL, FL 32110 US

Title: VP (X) Change () Addition
Name: BANDELE, OREBANWO DR
Address: 700 E MOODY BLVD
City-St-Zip: BUNNELL, FL 32110 US

Title: TS () Change (X) Addition
Name: LUCAS, SYLVESTER
Address: 700 E MOODY BLVD
City-St-Zip: BUNNELL, FL 32110

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SYLVESTER LUCAS

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06/08/2009

Electronic Signature of Signing Officer or Director

Date