

# MARION COUNTY BOARD OF COUNTY COMMISSIONERS

## APPLICATION FOR APPOINTMENT TO ADVISORY BOARD

APPLICATION DATE: 5/20/2025

BOARD NAME: Marion County Hospital District Board of Trustees

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### PERSONAL INFORMATION

Name: Loretha D. Tolbert-Rich  
Occupation: Retired / Part-time RN 5th Circuit Court Public Guardian Program  
If Retired, previous occupation: Chief Executive Officer Ocala Community Care/ MCSO  
Address: 11 Northern Dancer Drive  
City: Ocala State: FL ZIP: 34482  
Phone#: 352-208-9576  
E-mail Address: L-rich@msn.com

### MAILING ADDRESS (If different from residence):

Address: Same as above  
City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: 34482

Is your address or any other personal information exempt under Florida Statute 119.70? Yes \_\_\_ No X  
If yes, please submit a signed Marion County Public Records Act Exempt Form (available upon request).

What is your preferred form of communication? Phone X Mail \_\_\_ Email \_\_\_

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The following data is collected in accordance with Florida Statute, Section 760.80, for the purpose of statistical reporting and ensuring compliance with diversity and inclusion guidelines. Your responses will be kept confidential and will not affect your application.

**Gender:** Male \_\_\_ Female X Prefer not to disclose \_\_\_

**Physically Disabled:** Yes \_\_\_ No X Prefer not to disclose \_\_\_

**Race:** African-American X Native-American \_\_\_ Caucasian \_\_\_ Other \_\_\_  
Hispanic/Latino \_\_\_ Asian -American \_\_\_ Prefer not to disclose \_\_\_

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Are you a registered voter? Yes X No \_\_\_

Do you own homestead property in Marion County? Yes X No \_\_\_

Are you employed by Marion County or have relatives that are Marion County employees? Yes \_\_\_ No X  
If yes, please provide position, department and/or relationship to County employee and their position/department

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you currently work for an entity or agency that either receives funding from, or has a contract with the County to perform services? Yes \_\_\_ No X

Are you, your spouse, or children, currently an officer, director, or partner in any entity or agency that receives funding from, or has a contract with the county? Yes \_\_\_ No X

If yes, please submit a signed **FORM 4a - Disclosure of Business Transaction, Relationship, or Interest**. (Available upon request).

Have you been convicted (including a withholding of adjudication), pled guilty or pled to a Nolo Contendere (no contest) to a misdemeanor or felony (including a criminal traffic violation)? Yes \_\_\_ No X

A 'YES' answer will not automatically disqualify you from serving on an advisory board. The nature, severity, and date of the offense will be considered in relation to the position. If unsure about the details of a criminal case, contact the relevant agency to ensure accuracy when reporting your history. Failure to do so may result in removal from the board. If you answered 'YES,' please provide details. You may use an additional sheet if needed.

### **WHY DO YOU DESIRE TO SERVE ON THIS/THESE BOARDS?**

*(Include current or previous work experience; community involvement; interests/activities)*

My 40 plus years professional life career has been devoted to improving the health of my community. I feel  
Board membership will allow me to expand my community service; and my years of healthcare leadership experience  
and community service will allow me to assist the District in promoting its vision and fulfilling its  
mission. (See attached for experience and community service)

### **SERVING ON OTHER BOARDS**

Do you currently serve on any other boards in Florida, or are you an elected or appointed state, county (Marion County or other county) or municipal ("city") office holder? Yes X No \_\_\_

If yes, which board? AdventHealth and SMA Boards of Directors.

**(Important:** You may not serve on more than one (1) Substantive Board: Board of Adjustment; Code Enforcement Board; License Review Board; Land Development Regulation Commission; Historical Commission; Hospital District Board of Trustees; Housing Finance Authority; Industrial Development Authority; Tourist Development Council; Parks and Recreation Advisory Council)

Have you ever served on a City or County advisory board? Yes X No \_\_\_

If yes, when, where and which board(s)? Community Development Block Grant Advisory Committee -  
Dates unknown.

### **REFERENCES - Please list three (3) personal and/or business references**

**(PLEASE DO NOT USE COMMISSIONERS or COUNTY ADMINISTRATION STAFF as REFERENCES)**

Name: Dr, Douglas Murphy

Phone Number: 352-816-1773

Email: drdmurphy3576@gmail.com

Name: Susan Crabb

Phone Number: 352-208-26

Email: Susiecrabb@gmail.com

Name: Ivan Cosimi

Phone Number: 386-236-1811

Email: icosimi@smahealthcare.org

**INITIAL:** LTR I authorize Marion County to contact my references and I understand that all statements made on this application may be verified by Marion County.

**INITIAL:** LTR I understand the responsibilities associated with being a board member, and I have adequate time to serve if appointed.

**INITIAL:** LTR I agree to complete training within six (6) months from the date of my appointment.

**INITIAL:** LTR I understand that submitting this application makes all provided information public record, subject to disclosure under applicable laws unless exempt under Florida Statute 119.071. I confirm the accuracy of all details provided and their suitability for public release.

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**By signing this application, I certify that the information I provided in this application is true and correct, and that any misstatements or material omissions on my application may result in my removal from my appointed position.**

SIGN: 

DATE: 5/20/2025

PRINT: Loretha D. Tolbert-Rich

RECEIVED BY BCC:

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This application will be kept on file for a period of one year from date of receipt by the Board of County Commissioners.

**RETURN FORM TO:**

MARION COUNTY BOARD OF COUNTY COMMISSIONERS 601 SE 25th Avenue, Ocala, FL 34471

Or via email to: [Commissionadmin@marionfl.org](mailto:Commissionadmin@marionfl.org)

PLEASE CALL THE COMMISSION OFFICE AT (352) 438-2323 IF YOU HAVE ANY QUESTIONS REGARDING YOUR APPLICATION.

Loretha Tolbert-Rich BSN, MA, CCHP, CTT  
Ocala, Florida  
352-208-9576/ E-mail L-rich@msn.com

**Degrees, Certifications and Training**

MA Adult Education, University of South Florida, Tampa, Florida  
BS Nursing (RN), University of South Florida, Tampa, Florida  
AS Nursing (RN), Central Florida Community College, Ocala, Florida  
Certified Correctional Health Care Professional  
Certified H.I.V. /A.I.D.S. Counselor Trainer  
Clinical Trauma Therapist  
Florida Model Jail and American Correction Association Medical Auditor

**Employment and Experience – 40+ Years Nursing Experience**

9 years CEO Ocala Community Care/ Marion County Sheriff's Office  
4 years Medical Liaison, Marion County Sheriff's Office  
29 Years Correctional Healthcare Leadership Experience to include:  
15 years Regional Nursing Consultant, DOC Regions II and III  
5 years Nursing Supervisor DOC Female Reception Center  
4 years Nursing Supervisor HRS Juvenile Correctional Residential Program  
4 years Nursing Supervisor DOC Male Correctional Institution  
3 years Community Hospital Nursing Experience to include:  
Emergency Room, Critical Care, Pediatrics  
Medical Surgical, Obstetrics and Gynecology  
4 years Charter Springs Behavioral Health Care  
2 years Local Residential Long-term Care Facilities

**Present and Past Association Memberships and Community Service**

Advent Health Board of Directors  
SMA Board of Directors  
Monroe Regional Medical Center Board of Directors  
CCF Public Policy Institute Study Group/True Cost of Criminal Justice in MC  
CCF Public Policy Institute Study Group Juvenile Justice in MC  
City of Ocala Community Block Grant Advisory Committee  
American Cancer and Heart Associations  
Various Community Health and Community Task Forces and Committees

**Awards and Recognition**

2023 NAACP Presidential Community Service Award  
2020 Marion County Sheriff's Office Honorary Deputy Sheriff  
2013 Shiloh S.D.A. Church Community Service Award  
2009 Marion County Sheriff's Office ACA Unit Citation Life Saver Award  
2005 Shiloh S.D.A. Church Community Service Award  
2000 Florida DOC Davis Productivity Award  
1989 Florida Nurses Association Nurse Administrator of the Year Award