

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1996. AMOUNT DUE ON OR BEFORE 8/9/96: \$185 (IF OVERSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$300)

NONPROFIT CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE
Candra B. Morheim
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
JUN 23 1995

DOCUMENT # 725113 (5)
1. Corporation Name
COMMUNITY HEALTH CENTERS, INC.

Principal Place of Business		Mailing Address	
74 W. 2ND ST. PO BOX 1249 APOPKA FL 32703 US		P.O. BOX 1249 PO BOX 1249 APOPKA FL 32704 US	
2. Principal Place of Business	2a. Mailing Address	21	2b
Suite, Apt. #, etc.	Suite, Apt. #, etc.	22	27
City & State	City & State	23	28
Zip	Country	24	29
			30

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 12/22/1972	3a. Date of Last Report 02/04/1994
4. FEI Number 59-1480970	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>	FILING FEE IS \$61.25
8. This Corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
WALTER, GILBERT G 74 W 2ND ST APOPKA FL 32703				B1	Name		
				B2	Street Address (P.O. Box Number is Not Acceptable)		
				B3			
				B4	City	FL	B5

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and the date applicable. (NOTE: Registered Agent signature required when resigning)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PRICE, WILLIAM	1.2 NAME	
STREET ADDRESS	74 W 2ND ST	1.3 STREET ADDRESS	
CITY - ST - ZIP	APOPKA, FL 00000	1.4 CITY - ST - ZIP	
TITLE	V	2.1 TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SOSA, CHARLOTTE	2.2 NAME	LITTLEFORD, JACKIE
STREET ADDRESS	74 W 2ND ST	2.3 STREET ADDRESS	74 W 2ND STREET
CITY - ST - ZIP	APOPKA FL	2.4 CITY - ST - ZIP	APOPKA FL 32703
TITLE	T	3.1 TITLE	T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GORDON, HEYWOOD	3.2 NAME	MILLER, SCOTT
STREET ADDRESS	74 W 2ND ST	3.3 STREET ADDRESS	74 W 2ND STREET
CITY - ST - ZIP	APOPKA FL	3.4 CITY - ST - ZIP	APOPKA FL 32703
TITLE	S	4.1 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, SYLVESTER	4.2 NAME	
STREET ADDRESS	74 W. 2ND ST.	4.3 STREET ADDRESS	
CITY - ST - ZIP	APOPKA FL	4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: William E. Price **6/12/95** (407) 889-8427
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Daytime Phone #)

CR2E037 (3/95)