

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 725113 (5)

1. Corporation Name  
**COMMUNITY HEALTH CENTERS, INC.**



Principal Place of Business: 74 W. 2ND ST. PO BOX 1249 APOPKA FL 32703 US  
Mailing Address: P.O. BOX 1249 PO BOX 1249 APOPKA FL 32704 US

3. Date Incorporated or Qualified: 12/22/1972  
3a. Date of Last Report: 06/23/1995

21	2. Principal Place of Business	2a	Mailing Address	4.	FEI Number	Applied For
	Suite, Apt. #, etc.		Suite, Apt. #, etc.		59-1480970	Not Applicable
22	City & State	27	City & State	5.	Certificate of Status Desired	\$8.75 Additional Fee Required
	Zip	28	Zip			
23	Country	29	Country	6.	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24		30		8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes	Yes 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

81 Name: Mark Williams  
82 Street Address (P.O. Box Number is Not Acceptable):  
83  
84 City: FL 85 Zip Code:

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: Mark Williams, MARK S. WILLIAMS DATE: 3/28/96  
Signature, typed or printed name of registered agent and title, applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PD	<input type="checkbox"/> DELETE	1.1 TITLE: President D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: PRICE, WILLIAM		1.2 NAME: Thom George	
STREET ADDRESS: 74 W 2ND ST		1.3 STREET ADDRESS:	
CITY-ST-ZIP: APOPKA, FL 00000		1.4 CITY-ST-ZIP:	
TITLE: SD	<input checked="" type="checkbox"/> DELETE	2.1 TITLE: Secretary D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: LITTLEFORD, JACKIE		2.2 NAME: Juan Hernandez	
STREET ADDRESS: 74 W 2ND ST		2.3 STREET ADDRESS:	
CITY-ST-ZIP: APOPKA FL		2.4 CITY-ST-ZIP:	
TITLE: T	<input type="checkbox"/> DELETE	3.1 TITLE: 100001738181	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: MILLER, SCOTT		3.2 NAME: -03/11/96--01004--025	
STREET ADDRESS: 74 W 2ND ST		3.3 STREET ADDRESS: ***122.50	
CITY-ST-ZIP: APOPKA FL		3.4 CITY-ST-ZIP:	
TITLE: VD	<input type="checkbox"/> DELETE	4.1 TITLE: Second Vice President D	<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:	<input type="checkbox"/> DELETE	5.1 TITLE: First Vice President D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME:		5.2 NAME: Wendy Cimini	
STREET ADDRESS:		5.3 STREET ADDRESS: 74 West Second Street	
CITY-ST-ZIP:		5.4 CITY-ST-ZIP: Apopka, FL	
TITLE:	<input type="checkbox"/> DELETE	6.1 TITLE: D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME:		6.2 NAME: WILLIAM PRICE	
STREET ADDRESS:		6.3 STREET ADDRESS: 74 W 2ND ST	
CITY-ST-ZIP:		6.4 CITY-ST-ZIP: APOPKA, FL 32703	

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 119.07(3)(k), 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: Mark Williams DATE: 2/7/96 (407)889-8427  
Signature and typed or printed name of signing officer or director Daytime Phone #

CR2E037 (12/95)