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Jun 13 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE <i>James B. Northam</i> Secretary of State DIVISION OF CORPORATIONS
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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 32704-1249 US
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3. Date Incorporated or Qualified 12/22/1972	3a. Date of Last Report 04/01/1996
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2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

4. FEI Number 59-1480970	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**WILLIAMS, MARK
 74 W 2ND ST
 APOPKA FL 32703**

10. Name and Address of New Registered Agent

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

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 _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	<input checked="" type="checkbox"/> DELETE	1.1 TITLE T, D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME GEORGE, THOM		1.2 NAME Heywood, Gordon	
STREET ADDRESS 74 W 2ND ST		1.3 STREET ADDRESS P.O. Box 95	
CITY-ST-ZIP APOPKA, FL 00000		1.4 CITY-ST-ZIP MT. DORA FL 32757 N/A	
TITLE D	<input type="checkbox"/> DELETE	2.1 TITLE S, D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME HERNANDEZ, JUAN		2.2 NAME Hernandez, Juan	
STREET ADDRESS 74 W 2ND ST		2.3 STREET ADDRESS 58 East Main Street	
CITY-ST-ZIP APOPKA FL		2.4 CITY-ST-ZIP Apopka, FL 32703	
TITLE T	<input type="checkbox"/> DELETE	3.1 TITLE P, D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MILLER, SCOTT		3.2 NAME Miller, Scott	
STREET ADDRESS 74 W 2ND ST		3.3 STREET ADDRESS 601 East Rollins Street	
CITY-ST-ZIP APOPKA FL		3.4 CITY-ST-ZIP Deland, FL 32803	
TITLE D	<input checked="" type="checkbox"/> DELETE	4.1 TITLE V, D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME SMITH, SYLVESTER		4.2 NAME Ross, Randy	
STREET ADDRESS 74 W. 2ND ST.		4.3 STREET ADDRESS P.O. Box 194	
CITY-ST-ZIP APOPKA FL		4.4 CITY-ST-ZIP Windey, FL 34786 N/A	
TITLE D	<input type="checkbox"/> DELETE	5.1 TITLE V, D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME CIMINI, WENDY		5.2 NAME Cimini, Wendy	
STREET ADDRESS 74 W. 2ND ST.		5.3 STREET ADDRESS 10000 W. Colonial Dr	
CITY-ST-ZIP APOPKA FL		5.4 CITY-ST-ZIP OCFEE, FL 34761	
TITLE D	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME PRICE, WILLIAM		6.2 NAME	
STREET ADDRESS 74 W. 2ND ST.		6.3 STREET ADDRESS	
CITY-ST-ZIP APOPKA FL		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

CPRE037 (9/96)