

FILE NOW: FILING FEE IS \$61.25

FILED

**Feb 27 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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	
21	2. Principal Place of Business	2a	2a. Mailing Address
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.
23	City & State	28	City & State
24	Zip	29	Zip
25	Country	30	Country

3. Date Incorporated or Qualified
12/22/1972

4. FEI Number
59-1480970

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.
 Yes 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

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 _____ (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	VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GEORGE, THOM	1.2 NAME	Randall Ross
STREET ADDRESS	74 W 2ND ST	1.3 STREET ADDRESS	74 W, 2nd Street
CITY-ST-ZIP	APOPKA, FL 00000	1.4 CITY-ST-ZIP	Apopka, FL 32703
TITLE	SD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HERNANDEZ, JUAN	2.2 NAME	
STREET ADDRESS	59 EAST MAIN ST	2.3 STREET ADDRESS	
CITY-ST-ZIP	APOPKA FL	2.4 CITY-ST-ZIP	
TITLE	PD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	DT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MILLER, SCOTT	3.2 NAME	Heywood Gordon
STREET ADDRESS	601 EAST ROLLINS ST	3.3 STREET ADDRESS	74 W 2nd Street
CITY-ST-ZIP	ORLANDO FL	3.4 CITY-ST-ZIP	Apopka, FL 32703
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input 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	VD <input type="checkbox"/> DELETE	5.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CIMINI, WENDY	5.2 NAME	
STREET ADDRESS	10000 W COLONIAL DR	5.3 STREET ADDRESS	
CITY-ST-ZIP	OCOE FL	5.4 CITY-ST-ZIP	
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	

1.1 TITLE	VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Randall Ross
1.3 STREET ADDRESS	74 W, 2nd Street
1.4 CITY-ST-ZIP	Apopka, FL 32703
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Heywood Gordon
3.3 STREET ADDRESS	74 W 2nd Street
3.4 CITY-ST-ZIP	Apopka, FL 32703
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I 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.

SIGNATURE: *William E. Price* 2/16/98

CF2E037 (10/97)