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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 725113

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



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		12/22/1972	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-1480970	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>	
23		28		\$8.75 Additional Fee Required	
Zip		Zip		6. Election Campaign Financing <input type="checkbox"/>	
24		29		\$5.00 May Be Added to Fees	
Country		Country		Trust Fund Contribution	
25		30			

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
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

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	VD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROSS, RANDALL	1.2 NAME	CD Danna Smith
STREET ADDRESS	74 W 2ND ST	1.3 STREET ADDRESS	74 West and St.
CITY-ST-ZIP	APOPKA, FL 00000 32703	1.4 CITY-ST-ZIP	Apopka FL 32703
TITLE	SD <input type="checkbox"/> DELETE	2.1 TITLE	VD <input checked="" 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	DT <input checked="" type="checkbox"/> DELETE	3.1 TITLE	TD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GORDON, HEYWOOD	3.2 NAME	Rodney Lewis
STREET ADDRESS	74 W 2ND ST	3.3 STREET ADDRESS	74 W and St.
CITY-ST-ZIP	APOPKA FL 32703	3.4 CITY-ST-ZIP	APOPKA FL 32703
TITLE	PD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CIMINI, WENDY	4.2 NAME	Cynthia Rollins
STREET ADDRESS	10000 W COLONIAL DR	4.3 STREET ADDRESS	74 W and St
CITY-ST-ZIP	OCOE FL	4.4 CITY-ST-ZIP	APOPKA FL 32703
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PRICE, WILLIAM	5.2 NAME	Mae Chusitz
STREET ADDRESS	74 W. 2ND ST.	5.3 STREET ADDRESS	74 W and St
CITY-ST-ZIP	APOPKA FL	5.4 CITY-ST-ZIP	APOPKA FL 32703
TITLE	<input type="checkbox"/> DELETE	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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Cynthia Rollins

5/17/99

Date

(407) 889-8427

Daytime Phone #

CR2E037 (11/98)