

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 28, 2002 8:00 am
Secretary of State

04-11-2002 90063 022 ****70.00

DOCUMENT # 725113

1. Entity 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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1480970

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

WILLIAMS, MARK
74 W 2ND ST
APOPKA FL 32703

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME	CD SMITH, DONNA	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	74TH WEST 2ND STREET APOPKA FL 32703	
TITLE NAME	TD SEIBEL, MATTHEW MD	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	74TH WEST 2ND STREET APOPKA FL 32703	
TITLE NAME	D CHUSTZ, MAE	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	74TH WEST 2ND STREET APOPKA FL 32703	
TITLE NAME	TD DEVIESE, STEVE	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	74 W SECOND STREET APOPKA FL 32703	
TITLE NAME	VD NORMAN, JIM	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	74 W SECOND STREET APOPKA FL 32703	
TITLE NAME	SD HAYGHE, MAUREEN	<input checked="" type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	74 W SECOND STREET APOPKA FL 32703	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	SA	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP		
TITLE NAME	CD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____

[Signature]
 Signature and Typed or Printed Name of Signing Officer or Director

5-2-02

Date

Daytime Phone #

CR2E037 (8/01)