

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 725113

FILED  
Jan 06, 2005  
Secretary of State

Entity Name: COMMUNITY HEALTH CENTERS, INC.

**Current Principal Place of Business:**

110 SOUTH WOODLAND STREET  
WINTER GARDEN, FL 34787 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 1249  
APOPKA, FL 32704 US

**New Mailing Address:**

FEI Number: 59-1480970      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

WILLIAMS, MARK  
110 SOUTH WOODLAND STREET  
WINTER GARDEN, FL 34787 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: SD ( ) Delete  
Name: SMITH, TRACY  
Address: 110 SOUTH WOODLAND STREET  
City-St-Zip: WINTER GARDEN, FL 34787

Title: CD ( ) Delete  
Name: SEIBEL, MATTHEW MD  
Address: 110 SOUTH WOODLAND STREET  
City-St-Zip: WINTER GARDEN, FL 34787

Title: D ( ) Delete  
Name: GEORGE, TOM  
Address: 110 SOUTH WOODLAND STREET  
City-St-Zip: WINTER GARDEN, FL 34787

Title: TD ( ) Delete  
Name: PAULK, BEVERLEY  
Address: 110 SOUTH WOODLAND STREET  
City-St-Zip: WINTER GARDEN, FL 34787

Title: VD ( ) Delete  
Name: NORMAN, JIM  
Address: 110 SOUTH WOODLAND STREET  
City-St-Zip: WINTER GARDEN, FL 34787

Title: VD ( ) Delete  
Name: GROSSMAN, MARC  
Address: 110 SOUTH WOODLAND STREET  
City-St-Zip: WINTER GARDEN, FL 34787

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MATHEW SEIBEL

CD

01/06/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date