

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Jan 19, 2006
Secretary of State**

DOCUMENT# 725113

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
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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 Chapter 119, 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: MATTHEW SEIBEL, MD

CD

01/19/2006

Electronic Signature of Signing Officer or Director

Date