

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 748142

FILED
Jan 11, 2005
Secretary of State

Entity Name: PREMIER COMMUNITY HEALTHCARE GROUP, INC.

Current Principal Place of Business:

37946 CHURCH AVE.
DADE CITY, FL 33525 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 2305
DADE CITY, FL 335262305 US

New Mailing Address:

14027 5TH STREET
DADE CITY, FL 33525 US

FEI Number: 59-1964612

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KNIGHT, DOROTHY
37946 CHURCH AVE.
DADE CITY, FL 33525 US

Name and Address of New Registered Agent:

KNIGHT, DOROTHY
14027 5TH STREET
DADE CITY, FL 33525 US

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: DOROTHY KNIGHT

01/11/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: CEO () Delete
Name: KNIGHT, DOROTHY
Address: 37946 CHURCH AVE.
City-St-Zip: DADE CITY, FL 33525 US

Title: SD () Delete
Name: SANCHEZ, DIANA
Address: 37837 HART CIRCLE
City-St-Zip: ZEPHYRHILLS, FL 33539

Title: CH () Delete
Name: SIMPSON, WILTON
Address: PO BOX 721
City-St-Zip: DADE CITY, FL 33525

Title: TD () Delete
Name: BLANFORD, ISA
Address: 13911 19TH ST
City-St-Zip: DADE CITY, FL 33525

Title: VCD () Delete
Name: JONES, SANDRA
Address: 13981 PARADISE LANE
City-St-Zip: DADE CITY, FL 33525

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:

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: DOROTHY KNIGHT

CEO

01/11/2005

Electronic Signature of Signing Officer or Director

Date