2007 NOT-FOR-PROFIT CORPORATION

ANNUAL REPORT

DOCUMENT #765370

TITLE

NAME

STREET ADDRESS

VC

NAPIER, MIKE

400 W. AIRPORT BLVD. SANFORD, FL 32771

THE LOCAL HEALTH COUNCIL OF EAST CENTRAL



FILED Apr 16, 2007 8:00 am Secretary of State

04-16-2007 90334 013 ****61.25

Change

Addition

FLORIDA	A, INC.											
1155 S SEMORAN BLVD, STE 1111 1155 S					Address S SEMORAN BLVD, STE 111 R PARK, FL 32792-5 US							
,		ness - No P.O. Box #		ing Address								
2461 Suite, Apt.		ATERA. 426	246	I W. STAT	E Rd.	426						
1	te 20	41	1	te, Apt. #, etc.	241			04122007	Chg-NP	CR2E	037 (12/06)	
City & Stat	te			va State				4. FEI Numbe			A	pplied For
Zip	Edo,	FL		ii edo, i	FL			59-2227	7/52			ot Applicable
3270	.5	SemINGLE.	327			untry リルピト	e	5. Certificate	of Status Desired		\$8.75 Ad Fee Require	ditional ed
	6. Name	and Address of Current	Registere	d Agent				7. Name and	Address of New	Registere	d Agent	
VAN CAU	LIL. KARE	N				Name ンA	an C	AuLiL_	KAren			
1155 S SE	EMORAN I					Street A	Address (I	P.O. Box Number	r is Not Acceptat	ole)		
SUITE 11' WINTER F		32792				! _		_	E R.d. 4	4 V		·
	,, . .	02.02				City	uite	2041			Zip Coc	te .
							11 0 i d	do		<u> </u>	1327	65
8. The above the obligat	e named entit itions of regis	y submits this statement for tered agent.	or the purpo	ose of changing its	s register	ed office o	r register	ed agent, or both	h, in the State of I	Florida. I ar	n familiar with	, and accept
	_	-										
SIGNATURE												
SIGNATURE		t or printed name of registered agent	and title if appl	icable. (NO	TE: Registere	ed Agent signal	lura required	when roinstaling)		DATE		
SIGNATURE	Signature, typed	e is \$61.25	and title if appl	9. Election Ca	mpaign F	inancing		\$5.00 May B		Make che	ck payable (
	Signature, typed	e is \$61.25 flay 1, 2007			mpaign F	inancing	Turn required			Make che		
10.	Filing Fe	e is \$61.25		9. Election Ca Trust Fund	mpaign F Contribut	Financing tion.		\$5.00 May Bo Added to Fees		Make che orida Dep	ck payable t artment of S	N 10
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.

CITY-ST-ZIP

TITLE

NAME

vc

BrAdner, ANNE

KISSIMMEE, FL 34744

STREET ADDRESS 1875 BOggy Creek Rd

De Delete

SIGNATURE:	Karen was Carlie	Karenvan Caulil	4/12/07 ((407) 977-1610
	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OF	Date	Daytime Phone #	