

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000005438

FILED  
Aug 24, 2007  
Secretary of State

Entity Name: CENTURY HEALTH CARE ACCESS, INC.

**Current Principal Place of Business:**

7600 MAYO ST  
CENTURY, FL 32535

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 266  
CENTURY, FL 32535

**New Mailing Address:**

FEI Number: 20-2860050      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

CASSIDY, STEPHANIE  
806 LAKEWOOD RD  
PENSACOLA, FL 32507      US

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

CASSIDY, STEPHANIE  
806 LAKEWOOD ROAD  
PENSACOLA, FL 32507      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: STEPHANIE CASSIDY

08/24/2007

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DC      ( ) Delete  
Name: CASSIDY, STEPHANIE  
Address: P.O. BOX 266  
City-St-Zip: CENTURY, FL 32535

Title: DT      ( ) Delete  
Name: RAAP, CAROLYN  
Address: P.O. BOX 306  
City-St-Zip: FLOMATON, AL 36441

Title: DS      ( ) Delete  
Name: BROWN, IMOGENE  
Address: 080 39TH ST.  
City-St-Zip: ASHLAND, KY 41101

**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:

I hereby certify that the information supplied with this filing does not qualify 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: STEPHANIE CASSIDY

DC

08/24/2007

Electronic Signature of Signing Officer or Director

Date