

**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Jul 07, 2008  
Secretary of State**

DOCUMENT# N06000012303

Entity Name: LIBERTY COMMUNITY HEALTH CARE, INC.

**Current Principal Place of Business:**

12832 NW CENTRAL ST.  
BRISTOL, FL 32321

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 489  
BRISTOL, FL 32321

**New Mailing Address:**

FEI Number: 59-3502843      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)  
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:**

HOLLISTER, ANNIE  
4349 LAFAYETTE ST.  
MARIANNA, FL 32446      US

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

CHARBONNEAU, EUGENE  
12832 NW CENTRAL AVENUE  
BRISTOL, FL 32321      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: EUGENE CHARBONNEAU

07/07/2008

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: COPELAND, CARROLL  
Address: P.O. BOX 612  
City-St-Zip: BRISTOL, FL 32321

Title: VP ( ) Delete  
Name: DUBERT, MARVIN  
Address: 21898 NE FOREST SERVICE RD. 103  
City-St-Zip: HOSFORD, FL 32334

Title: S/TR ( ) Delete  
Name: BLACK, HUGH  
Address: 23572 NE BLUE CREEK RD  
City-St-Zip: HOSFORD, FL 32334

**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: EUGENE CHARBONNEAU

CEO

07/07/2008

Electronic Signature of Signing Officer or Director

Date