

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000010388

FILED
Jan 11, 2010
Secretary of State

Entity Name: CENTRAL FLORIDA HEALTH ALLIANCE, INC.

Current Principal Place of Business:

600 EAST DIXIE AVE
LEESBURG, FL 34748

New Principal Place of Business:

Current Mailing Address:

600 EAST DIXIE AVE
LEESBURG, FL 34748

New Mailing Address:

FEI Number: 33-1197054

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BRAUN, PHILIP J
600 EAST DIXIE AVE
LEESBURG, FL 34748 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: D
Name: HUNTLEY, LEE S
Address: 600 EAST DIXIE AVENUE
City-St-Zip: LEESBURG, FL 34748

Title: C
Name: SUSTARSIC, DAVID DR.
Address: 511 MEDICAL PLAZA DRIVE
City-St-Zip: LEESBURG, FL 34748

Title: VC
Name: WILLIAMS, ROBERT Q ATTY
Address: 380 WEST ALFRED STREET
City-St-Zip: TAVARES, FL 32778

Title: S
Name: NELSON, CEILA K DR.
Address: 32721 RADIO RAOD
City-St-Zip: LEESBURG, FL 34748

Title: T
Name: LEWIS, GREGORY R
Address: PO BOX 1925
City-St-Zip: EUSTIS, FL 32726

Title: AS/D
Name: HOCKING, DALE E CPA
Address: 600 EAST DIXIE AVENUE
City-St-Zip: LEESBURG, FL 34748

I hereby 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 all other like empowered.

SIGNATURE: DALE E.HOCKING

AS

01/11/2010

Electronic Signature of Signing Officer or Director

Date