

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000010388

FILED  
Apr 19, 2012  
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:**

600 EAST DIXIE AVE  
LEESBURG, FL 34748 US

**Current Mailing Address:**

600 EAST DIXIE AVE  
LEESBURG, FL 34748

**New Mailing Address:**

600 EAST DIXIE AVE  
LEESBURG, FL 34748 US

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  
301 WEST OAK TERRACE DRIVE  
LEESBURG, FL 34748 US

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

BRAUN, PHILIP J  
600 EAST DIXIE AVENUE  
LEESBURG, FL 34748 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: PHILIP J. BRAUN

04/19/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PCEO  
Name: HENDERSON, DONALD G  
Address: 600 EAST DIXIE AVENUE  
City-St-Zip: LEESBURG, FL 34748

Title: C  
Name: WILLIAMS, ROBERT Q ESQ  
Address: 380 W ALFRED ST  
City-St-Zip: TAVARES, FL 32778

Title: VC  
Name: HAHNFELDT, DON V  
Address: 1793 HARTFORD PATH  
City-St-Zip: THE VILLAGES, FL 32162

Title: S  
Name: SPENCER, DIANE B  
Address: 2162 KAYLEE DRIVE  
City-St-Zip: THE VILLAGES, FL 32162

Title: T  
Name: LEWIS, GREGORY R  
Address: PO BOX 1925  
City-St-Zip: EUSTIS, FL 32727

Title: AS/D  
Name: HARDIN, DIANE  
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: PHILIP J. BRAUN

RA

04/19/2012

Electronic Signature of Signing Officer or Director

Date