2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # N9900005231 Jun 08, 2000 8:00 am 1. Entity Name **Secretary of State** -EVERGLADES-HEALTH-ALLIANCE,-ING.-Community Health Centers Alliance, Inc. 06-08-2000 90023 001 ****61.25 Principal Place of Business Mailing Address 1454 MADISON AVENUE 1454 MADISON AVENUE -IMMOKALEE FL 34142 **IMMOKALEE FL 34142-2200** 2. Principal Place of Business 3. Mailing Address. Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-3631620 Not Applicable \$8.75 Additional Zip Country Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Street Address (P.O. Box Number is Not Acceptable) DILLION, WILLIM P ESQ. 1454 MADISON AVENUE IMMOKALEE FL 34142 City Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Fiorida. SIGNATURE DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to FILE NOW: \$5.00 May Be Trust Fund Contribution. **FEE IS \$61.25** Added to Fees Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. S/D Addition TITLE ☐ Delete TITLE NAME Brown, Eddwin W NAME Gaye Williams STREET ADDRESS STREET ADDRESS 4450 SOUTH TIFFANY DRIVE 950 CR 17A West CITY-ST-ZIP CITY-ST-ZIP WEST PALM BEACH FL 33407 Avon Park, FL 33825 TITLE ☐ Change TITLE **VPD** ☐ Delete D NAME akin, richard b NAME Dennis Cahill STREET ADDRESS STREET ADDRESS 1454 MADISON AVENUE 2400 CR 415A CITY-ST-ZIP CITY-ST-ZIP IMMOKALEE FL 34142 <u> Sanford, FL. 32771</u> Addition ☐ Change TITLE SD N Delete TITLE NAME WEINMAN, STEVEN NAME Mark Williams STREET ADDRESS STREET ADDRESS 7261 SHERIDAN STREET #110 218 South Lake Avenue CITY-ST-7IP CITY-ST-ZIP HOLLYWOOD FL <u> Apopka, FL 32703</u> ☐ Change Addition TITLE ☐ Delete TITLE D NAME NAME Terry Myles STREET ADDRESS STREET ADDRESS 441 N. Albritton Road CITY-ST-ZIP CITY-ST-ZIP <u> Lake City, FL 32055</u> ☐ Delete TITLE ☐ Change Addition Addition NAME Sara Vance STREET ADDRESS STREET ADDRESS 1302 River Street CITY-ST-ZIP CITY-ST-ZIP Palatka, FL 32177 ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME Walter Presha STREET ADDRESS STREET ADDRESS Hwy. 301 & 71st Street East CITY-ST-ZIP CITY-ST-ZIP Parrish FL 34219

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 for 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 pilier like empowered.

Richard B. Akin

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/00

Date

(941) 657-6762

Daytime Phone #

COMMUNITY HEALTH CENTERS ALLIANCE, INC.

Document # N99000005231

2000 Uniform Business Report Continuation

(Block 11)

Director
Jean Pettis
5375 Vernon Road
Jacksonville, Florida 32209

Director Oscar Cannes 710 Alton Road Miami Beach, Florida 33139

Director Bert Parmer 2814 14th Avenue S.E. Ruskin, Florida 33570

Director Charles Bottoms 1702 East 17th Avenue Tampa, Florida 33675-5299

Director Ann Bowers 1425 Hwy 301 South Sumterville, Florida 33585