# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**
**May 13, 2002 8:00 am**
**Secretary of State**
05-13-2002 90130 008 ****61.25

DOCUMENT # N99000005231

1. Entity Name

COMMUNITY HEALTH CENTERS ALLIANCE, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 1454 MADISON AVENUE<br>IMMOKALEE FL 34142 | 1454 MADISON AVENUE<br>IMMOKALEE FL 34142 |

959493

DO NOT WRITE IN THIS SPACE

| 2. Principal Place of Business | | 3. Mailing Address | |
|---|---|---|---|
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |

4. FEI Number 59-3631620 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|---|---|
| DILLION, WILLIM P ESQ.<br>1454 MADISON AVENUE<br>IMMOKALEE FL 34142 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City **FL** 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 Florida.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW: FEE IS $61.25**

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

**Make Check Payable to Department of State**

| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | P/D<br>BROWN, EDDWIN W<br>4450 SOUTH TIFFANY DRIVE<br>WEST PALM BEACH FL 33407 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VPD<br>AKIN, RICHARD B<br>1454 MADISON AVENUE<br>IMMOKALEE FL 34142 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | STD<br>WILLIAMS, GAYE<br>950 CR 17-A WEST<br>AVON PARK FL 33825 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>CAHILL, DENNIS<br>2400 CR 415-A<br>SANFORD FL 32771 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>GUTHRIE, SCOTT<br>9119 S MAIN STREET<br>TRENTON FL 32693 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>YATES, DeWAYNE<br>919 S. MAIN STREET<br>TRENTON, FL 32693<br>☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>MYLES, TERRY<br>441 NORTH ALBRITTON ROAD<br>LAKE CITY FL 32055 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |

CR2E037 (9/01)

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 or 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 other like empowered.

**SIGNATURE:** Richard B Dillon SIGNATURE REQUIRED 4/5/02 (941) 657-6762

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #