

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000005231

FILED
Apr 04, 2005
Secretary of State

Entity Name: COMMUNITY HEALTH CENTERS ALLIANCE, INC.

Current Principal Place of Business:

9600 KOGER BLVD
SUITE 227
ST PETERSBURG, FL 33702

New Principal Place of Business:

801 94TH AVENUE NORTH
SUITE 201
ST PETERSBURG, FL 33702

Current Mailing Address:

9600 KOGER BLVD
SUITE 227
ST PETERSBURG, FL 33702

New Mailing Address:

801 94TH AVENUE NORTH
SUITE 201
ST PETERSBURG, FL 33702

FEI Number: 59-3631620

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DILLION, WILLIM P ESQ.
1454 MADISON AVENUE
IMMOKALEE, FL 34142 US

Name and Address of New Registered Agent:

DILLION, WILLIM P ESQ.
2590 GOLDEN GATE PARKWAY
SUITE 108
NAPLES, FL 34105 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:

04/04/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P/D () Delete
Name: BROWN, EDDWIN W
Address: 4450 SOUTH TIFFANY DRIVE
City-St-Zip: WEST PALM BEACH, FL 33407

Title: VPD () Delete
Name: AKIN, RICHARD B
Address: 1454 MADISON AVENUE
City-St-Zip: IMMOKALEE, FL 34142

Title: STD () Delete
Name: WILLIAMS, GAYE
Address: 950 CR 17-A WEST
City-St-Zip: AVON PARK, FL 33825

Title: D () Delete
Name: CAHILL, DENNIS
Address: 2400 CR 415-A
City-St-Zip: SANFORD, FL 32771

Title: D () Delete
Name: YATES, DEWAYNE
Address: 919 S MAIN STREET
City-St-Zip: TRENTON, FL 32693

Title: D () Delete
Name: MYLES, TERRY
Address: 441 NORTH ALBRITTON ROAD
City-St-Zip: LAKE CITY, FL 32055

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:

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 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 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: DIANE GADDIS

CEO

04/04/2005

Electronic Signature of Signing Officer or Director

Date