2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008
Secretary of State

DOCUMENT# N99000005231

Entity Name: COMMUNITY HEALTH CENTERS ALLIANCE, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

140 FOUNTAIN PARKWAY
SUITE 210
ST PETERSBURG, FL 33716

Current Mailing Address:

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

New Mailing Address:

140 FOUNTAIN PARKWAY
SUITE 210
ST PETERSBURG, FL 33716

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.
117 SOUTH GADSDEN STREET
TALLAHASSEE, FL 32302 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: P/D ( ) Delete
Name: GADDIS, DIANE I
Address: 801 94TH AVENUE NORTH
City-St-Zip: ST. PETERSBURG, FL 33702

Title: C/D ( ) Delete
Name: BROWN, EDWIN
Address: 4450 S. TIFFANY DRIVE
City-St-Zip: WEST PALM BEACH, FL 33407

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

Title: ST/D ( ) Delete
Name: PRESHA, WALTER
Address: 12214 US HWY 30
City-St-Zip: PALMETTO, FL 34221

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P/D (X) Change ( ) Addition
Name: GADDIS, DIANE I
Address: 140 FOUNTAIN PARKWAY
City-St-Zip: ST. PETERSBURG, FL 33716

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 exemption stated in Chapter 119, 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 P 04/28/2008

Electronic Signature of Signing Officer or Director — Date