

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000005231

FILED
May 02, 2010
Secretary of State

Entity Name: COMMUNITY HEALTH CENTERS ALLIANCE, INC.

Current Principal Place of Business:

140 FOUNTAIN PARKWAY
SUITE 210
ST PETERSBURG, FL 33716

New Principal Place of Business:

Current Mailing Address:

140 FOUNTAIN PARKWAY
SUITE 210
ST PETERSBURG, FL 33716

New Mailing Address:

FEI Number: 59-3631620 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

DILLION, WILLIAM P ESQ.
2618 CENTENNIAL PLACE
TALLAHASSEE, FL 32308 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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

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

Title: C/D
Name: AKIN, RICHARD
Address: 1454 MADISON AVENUE
City-St-Zip: IMMOKALEE, FL 34142

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

Title: ST/D
Name: KELLY, EVERETT
Address: 1425 SOUTH HWY 301
City-St-Zip: SUMTERVILLE, FL 33585

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: DIANE GADDIS

P/D

05/02/2010

Electronic Signature of Signing Officer or Director

Date