

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 739178

FILED
Apr 27, 2009
Secretary of State

Entity Name: CENTRAL FLORIDA FAMILY HEALTH CENTER, INC.

Current Principal Place of Business:

2400 SR 415
SANFORD, FL 32771 US

New Principal Place of Business:

Current Mailing Address:

2400 SR 415
SANFORD, FL 32771 US

New Mailing Address:

FEI Number: 59-1741286

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CAHILL, DENNIS W.
2400 SR 415
SANFORD, FL 32771 US

Name and Address of New Registered Agent:

LUPTON, GRAYLAN L.
2400 SR 415
SANFORD, FL 32771 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: GRAYLAN L. LUPTON

04/27/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: DOLGNER, DENNIS
Address: PO BOX 470031
City-St-Zip: LAKE MONROE, FL 32747

Title: VD () Delete
Name: SESSION, SUE
Address: PO BOX 470499
City-St-Zip: LAKE MONROE, FL 32747

Title: SD () Delete
Name: SILVA, SONIA C
Address: 675 KEENELAND PIKE
City-St-Zip: LAKE MARY, FL 32746

Title: TD () Delete
Name: RHODES, RICHARD
Address: 2007 WATERSEdge DRIVE
City-St-Zip: DELTONA, FL 32738

Title: () Delete
Name:
Address:
City-St-Zip:

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: CEO () Change (X) Addition
Name: LUPTON, GRAYLAN L CEO
Address: 2400 SR 415
City-St-Zip: SANFORD, FL 32771

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: GRAYLAN L. LUPTON

CEO

04/27/2009

Electronic Signature of Signing Officer or Director

Date