

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 725113

**FILED**  
**Jan 31, 2023**  
**Secretary of State**  
**2771415045CC**

**Entity Name:** COMMUNITY HEALTH CENTERS, INC.

**Current Principal Place of Business:**

110 SOUTH WOODLAND STREET  
WINTER GARDEN, FL 34787

**Current Mailing Address:**

110 SOUTH WOODLAND STREET  
WINTER GARDEN, FL 34787 US

**FEI Number:** 59-1480970

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

ANDREE, DEBRA S.  
110 SOUTH WOODLAND STREET  
WINTER GARDEN, FL 34787 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:** DEBRA S. ANDREE

01/31/2023

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title CHAIRMAN  
Name RADKA, KARLA  
Address 110 SOUTH WOODLAND STREET  
City-State-Zip: WINTER GARDEN FL 34787

Title VP/COO  
Name BAILEY, KATHRYN  
Address 110 SOUTH WOODLAND STREET  
City-State-Zip: WINTER GARDEN FL 34787

Title VC  
Name KASSAB, JERRY  
Address 110 SOUTH WOODLAND STREET  
City-State-Zip: WINTER GARDEN FL 34787

Title TREASURER  
Name SINGH, MELISSA  
Address 110 SOUTH WOODLAND STREET  
City-State-Zip: WINTER GARDEN FL 34787

Title VP/CFO  
Name MARK, DICKINSON  
Address 110 SOUTH WOODLAND STREET  
City-State-Zip: WINTER GARDEN FL 34787

Title PRESIDENT/CEO  
Name ANDREE, DEBRA S.  
Address 110 SOUTH WOODLAND STREET  
City-State-Zip: WINTER GARDEN FL 34787

Title DIRECTOR  
Name LAURENT, GISELA  
Address 110 SOUTH WOODLAND STREET  
City-State-Zip: WINTER GARDEN FL 34787

Title DIRECTOR  
Name WALKER, TIMOTHY S  
Address 110 SOUTH WOODLAND STREET  
City-State-Zip: WINTER GARDEN FL 34787

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*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:** MARK DICKINSON

VP/CFO

01/31/2023

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name OWENS, DARRYL  
Address 110 S. WOODLAND STREET  
City-State-Zip: WINTER GARDEN FL 34787

Title VC  
Name MCKINNEY, TIMOTHY  
Address 110 S. WOODLAND STREET  
City-State-Zip: WINTER GARDEN FL 34787

Title DIRECTOR  
Name WILSON, SECILY  
Address 110 SOUTH WOODLAND STREET  
City-State-Zip: WINTER GARDEN FL 34787

Title DIRECTOR  
Name ZAPATA, NILMARIE  
Address 110 S. WOODLAND STREET  
City-State-Zip: WINTER GARDEN FL 34787

Title DIRECTOR  
Name HASLOM DAVIS, FELICIA  
Address 110 SOUTH WOODLAND STREET  
City-State-Zip: WINTER GARDEN FL 34787

Title DIRECTOR  
Name EDMEADE, BENNITTA  
Address 110 SOUTH WOODLAND STREET  
City-State-Zip: WINTER GARDEN FL 34787