

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N06000012303

**Entity Name:** LIBERTY COMMUNITY HEALTH CARE, INC.

**Current Principal Place of Business:**

252 MICHAEL DRIVE  
CRAWFORDVILLE, FL 32327

**Current Mailing Address:**

P.O. BOX 175  
HOSFORD, FL 32334 US

**FEI Number: 38-3889502**

**Certificate of Status Desired: No**

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

SMITH, ANN  
15089 NE GRANNY ANNIE RD  
HOSFORD, FL 32334 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:** ANN SMITH

03/04/2015

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title CHAIRMAN  
Name CLARK, MICHAEL  
Address PO BOX 759  
City-State-Zip: HOSFORD FL 32334

Title VP  
Name STEWART, DURWOOD  
Address 15575 NE LIBERTY CIRCLE  
City-State-Zip: BRISTOL FL 32321

Title SEC  
Name FORD, STEVEN  
Address 11472 NW FORD FARM TRAIL  
City-State-Zip: BRISTOL FL 32321

Title TRES  
Name CHARBONNEAU, EUGENE  
Address 252 MICHAEL DRIVE  
City-State-Zip: CRAWFORDVILLE FL 32327

*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:** EUGENE CHARBONNEAU

CHIEF MEDICAL OFFICER 03/04/2015

Electronic Signature of Signing Officer/Director Detail

Date