

2014 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

02/24/2014

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 PHILLIPS, ROGER
Address 19276 NW SR 12
City-State-Zip: BRISTOL FL 32321

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: MICHAEL CLARK

CHAIRMAN

02/24/2014

Electronic Signature of Signing Officer/Director Detail

Date