2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 708176

FILED Jan 15, 2009 Secretary of State

Entity Name: COMMUNITY HEALTH ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

% 9 BETH STACEY BLVD. SUITE 201

LEHIGH ACRES, FL 339366043

Current Mailing Address: New Mailing Address:

% 9 BETH STACEY BLVD. SUITE 201 LEHIGH ACRES, FL 339366043

FEI Number: 59-1088536 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

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

VANHOOSE, H A 9 BETH STACEY BLVD. SUITE 201 LEHIGH ACRES, FL 339366043 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:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 CD () Delete
 Title:
 CD (X) Change () Addition

 Name:
 OLLIFF, JON R DDS
 Name:
 RICHARDS, DARWIN

 Address:
 210 LAKE AVE, N
 Address:
 214 LINCOLN AVE SE

 City-St-Zip:
 LEHIGH ACRES, FL 33972
 City-St-Zip:
 LEHIGH ACRES, FL 33936

Title: SD () Delete Title: SD (X) Change () Addition
Name: TURBEVILLE, LARRY
Address: 642 PARKDALF BLVD
Address: 642 PARKDALF BLVD

Address: 642 PARKDALE BLVD
City-St-Zip: LEHIGH ACRES, FL 33936
Address: 642 PARKDALE BLVD
City-St-Zip: LEHIGH ACRES, FL 33974

Title: 1VCD () Delete Title: 1VCD (X) Change () Addition Name: ORVILLE, KURTZ Name: ORVILLE, KURTZ

Address: 306 MCARTHUR AVE Address: 306 MCARTHUR AVE
City-St-Zip: LEHIGH ACRES, FL 33972 City-St-Zip: LEHIGH ACRES, FL 33936

Title: D () Delete Title: D (X) Change () Addition

Name: JACOB, JAMES Name: JACOB, JAMES
Address: 116 ORTONA ST Address: 116 ORTONA ST

City-St-Zip: LEHIGH ACRES, FL 33972 City-St-Zip: LEHIGH ACRES, FL 33936

Title: TD () Delete Title: TD (X) Change () Addition

 Name:
 BECK, RICHARD D
 Name:
 OLLIFF, JON R DDS

 Address:
 1728 ENGLEWOOD AVE
 Address:
 210 LAKE AVE N

City-St-Zip: LEHIGH ACRES, FL 33972 City-St-Zip: LEHIGH ACRES, FL 33936

Title: D (X) Delete Title: () Change () Addition Name: WALLACE, BARBARA Name:

 Name:
 WALLACE, BARBARA
 Name:

 Address:
 318 5TH AVE, N
 Address:

 City-St-Zip:
 LEHIGH ACRES, FL 33972
 City-St-Zip:

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: H. A. VANHOOSE ED 01/15/2009