


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 06, 2007 08:00 A
Secretary of State

DOCUMENT # 717065 1. Entity Name FORT MEADE COMMUNITY HEALTH CARE, INC.	
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Principal Place of Business 3200 HWY 17 NORTH P.O. BOX 976 FORT MEADE, FL 33841 US	Mailing Address PO BOX 976 FORT MEADE, FL 33841 US
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DO NOT WRITE IN THIS SPACE



04012007 No Chg-NP CR2E037 (4/06)

4. FEI Number 23-7070181	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**STEDEM, MICHAEL D.
3200 HWY 17 NORTH
FT MEADE, FL 33841**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD STEDEM, MICHAEL D. 3200 HWY 17 NORTH FORT MEADE, FL 33841
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP CHAMBERS, THELMA 330 N. LANIER AVE. FORT MEADE, FL 33841
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS MARCHMAN, DONALD L. 425 N.E. 2ND ST. FORT MEADE, FL 33841
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT GUNTER C. WAYNE 400 N. OAK AVE. FORT MEADE, FL 33841
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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04/16/07-80052-013 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Carla W. Smith* **4-1-07** **863-285-8205**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #