

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 717065

FILED
Jan 07, 2009
Secretary of State

Entity Name: FORT MEADE COMMUNITY HEALTH CARE, INC.

Current Principal Place of Business:

3200 HWY 17 NORTH
P.O. BOX 976
FORT MEADE, FL 33841 US

New Principal Place of Business:

3200 HWY 17 NORTH
FORT MEADE, FL 33841 US

Current Mailing Address:

PO BOX 976
FORT MEADE, FL 33841 US

New Mailing Address:

FEI Number: 23-7070181 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

STEDEN, MICHAEL D.
3200 HWY 17 NORTH
FT MEADE, FL 33841 US

Name and Address of New Registered Agent:

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:

Title: PD () Delete
Name: STEDEN, MICHAEL D.,
Address: 3200 HWY 17 NORTH
City-St-Zip: FORT MEADE, FL 33841

Title: DVP () Delete
Name: CHAMBERS, THELMA,
Address: 330 N. LANIER AVE.
City-St-Zip: FORT MEADE, FL 33841

Title: DS () Delete
Name: MARCHMAN, DONALD L.,
Address: 425 N.E. 2ND ST.
City-St-Zip: FORT MEADE, FL 33841

Title: DT () Delete
Name: GUNTER C. WAYNE,
Address: 400 N. OAK AVE.
City-St-Zip: FORT MEADE, FL 33841

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
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: CURTIS W. GUNTER

DT

01/07/2009

Electronic Signature of Signing Officer or Director

Date