2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 06, 2011
Secretary of State

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Entity Name: FORT MEADE COMMUNITY HEALTH CARE, INC.

Current Principal Place of Business:

3200 HWY 17 NORTH
FORT MEADE, FL 33841 US

New Principal Place of Business:

125 N. LANIER AVE.
FORT MEADE, FL 33841 US

Current Mailing Address:

PO BOX 976
FORT MEADE, FL 33841 US

New Mailing Address:

P.O. BOX 1091
FORT MEADE, FL 33841 US

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

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

STEDEM, MICHAEL D.
995 OSPREY LANDING
LAKELAND, FL 33813 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: _____ 01/06/2011
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD
Name: STEDEM, MICHAEL D.
Address: 995 OSPREY LANDING
City-St-Zip: LAKELAND, FL 33813

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

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

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

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: C.W. GUNTER DT 01/06/2011
Electronic Signature of Signing Officer or Director — Date