FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 13 PM 2:14

DOCUMENT # 726870 (9)

1. Corporation Name

CENTRAL FLORIDA HEALTH CARE, INC.

Principal Place of Business	Mailing Address
ONE WEST MAIN ST AVON PARK FL 33825	ONE WEST MAIN ST AVON PARK FL 33825

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/05/1973
3a. Date of Last Report: 03/18/1994
4. FEI Number: 59-1404594 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☒ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ ~~$1.25~~ ~~$68.75~~ Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

DUKE, DAVID A.
206 AVE. C. SE
WINTER HAVEN FL 33880

10. Name and Address of New Registered Agent

81 Name: David A. Duke
82 Street Address (P.O. Box Number is Not Acceptable)
83: 1316 Pointe East
84 City: Sebring FL 85 Zip Code: 33870

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: David A. Duke — 1-31-95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE	President	☒ Change ☐ Addition
NAME	DUKE, DAVID A	1.2 NAME	David A. Duke	
STREET ADDRESS	206 AVE. C., SE	1.3 STREET ADDRESS	1316 Pointe East	
CITY-ST-ZIP	WINTER HAVEN FL	1.4 CITY-ST-ZIP	Sebring, FL 33870	
TITLE	TD	2.1 TITLE		☐ Change ☐ Addition
NAME	ODHAM, NANCY	2.2 NAME	Same	
STREET ADDRESS	2433 N. PRIMROSE ROAD	2.3 STREET ADDRESS		
CITY-ST-ZIP	AVON PARK FL	2.4 CITY-ST-ZIP		
TITLE	SD	3.1 TITLE		☐ Change ☐ Addition
NAME	GRAHAM, BOBBIE	3.2 NAME	Same	
STREET ADDRESS	317 E MAIN ST APT #2	3.3 STREET ADDRESS		
CITY-ST-ZIP	AVON PARK FL	3.4 CITY-ST-ZIP		
TITLE	CEO	4.1 TITLE		☐ Change ☐ Addition
NAME	WILLIAMS, GAYE	4.2 NAME	Same	
STREET ADDRESS	PO BOX 1032 NA	4.3 STREET ADDRESS		
CITY-ST-ZIP	FROSTPROOF FL	4.4 CITY-ST-ZIP		
TITLE	VD	5.1 TITLE		☐ Change ☐ Addition
NAME	SINGH, ELISHA	5.2 NAME	Same	
STREET ADDRESS	507 HOOD ST	5.3 STREET ADDRESS		
CITY-ST-ZIP	AVON PARK FL	5.4 CITY-ST-ZIP		
TITLE	PARD	6.1 TITLE	Parliamentarian	☒ Change ☐ Addition
NAME	TURNER, JOAN	6.2 NAME	Joan Turner	
STREET ADDRESS	P.O. BOX 701434 N/A	6.3 STREET ADDRESS	907 Herdon Place	
CITY-ST-ZIP	ST. CLOUD FL 34770	6.4 CITY-ST-ZIP	Poinciana, FL 34758	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: David A. Duke — 1-31-95 — 813-385-8855
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0015040