

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

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

3. Date Incorporated or Qualified

07/05/1973

3a. Date of Last Report

02/13/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

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**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**DUKE, DAVID A
1316 POINTE E
SEBRING FL 33870**

81

Name
David A. Duke

82

Street Address (P.O. Box Number is Not Acceptable)
301 So. Clinch Lake Blvd.

83

84

City
Frostproof,

FL

85

Zip Code
33843

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

David A. Duke

1/19/96

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	P	<input type="checkbox"/> DELETE
NAME	DUKE, DAVID A	
STREET ADDRESS	1316 POINT E EAST	
CITY-ST-ZIP	SEBRING FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	ODHAM, NANCY	
STREET ADDRESS	2433 N. PRIMROSE ROAD	
CITY-ST-ZIP	AVON PARK FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	GRAHAM, BOBBIE	
STREET ADDRESS	317 E MAIN ST APT #2	
CITY-ST-ZIP	AVON PARK FL	
TITLE	CEO	<input type="checkbox"/> DELETE
NAME	WILLIAMS, GAYE	
STREET ADDRESS	PO BOX 1032 NA	
CITY-ST-ZIP	FROSTPROOF FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	SINGH, ELISHA	
STREET ADDRESS	507 HOOD ST	
CITY-ST-ZIP	AVON PARK FL	
TITLE	P	<input type="checkbox"/> DELETE
NAME	TURNER, JOAN	
STREET ADDRESS	907 HENDON PLACE	
CITY-ST-ZIP	POINCLANA FL	

1.1 TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	David A. Duke	
1.3 STREET ADDRESS	301 So. Clinch Lake Blvd.	
1.4 CITY-ST-ZIP	Frostproof, FL 33843	
2.1 TITLE	SAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	SAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	SAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	SAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	SAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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)(k), 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* **David A. Duke, President**

1/19/96

941-635-2223

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)