

FILE NOW: FILING FEE IS \$61.25

FILED  
Apr 28 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **726870** (9)

1. Corporation Name

**CENTRAL FLORIDA HEALTH CARE, INC.**



Principal Place of Business <b>ONE WEST MAIN ST AVON PARK FL 33825</b>	Mailing Address <b>ONE WEST MAIN ST AVON PARK FL 33825-3828</b>
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3. Date Incorporated or Qualified <b>07/05/1973</b>	3a. Date of Last Report <b>02/06/1996</b>
4. FEI Number <b>59-1404594</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business <b>21</b> Suite, Apt. #, etc. <b>22</b> City & State <b>23</b> Zip <b>24</b> Country	2a. Mailing Address <b>26</b> Suite, Apt. #, etc. <b>27</b> City & State <b>28</b> Zip <b>29</b> Country
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9. Name and Address of Current Registered Agent <b>DUKE, DAVID A 301 SOUTH CLINCH LAKE BLVD FROSTPROOF FL 33843</b>	
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10. Name and Address of New Registered Agent <b>81</b> Name <b>82</b> Street Address (P.O. Box Number is Not Acceptable) <b>83</b> <b>84</b> City <b>FL</b> <b>85</b> Zip Code	
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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 **David A. Duke, President** **1/23/97**  
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	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>P DUKE, DAVID A</b>	1.2 NAME	
STREET ADDRESS	<b>301 SOUTH CLINCH LAKE BLVD</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>FROSTPROOF FL</b>	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>TD ODHAM, NANCY</b>	2.2 NAME	
STREET ADDRESS	<b>2433 N. PRIMROSE ROAD</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>AVON PARK FL</b>	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SD GRAHAM, BOBBIE</b>	3.2 NAME	
STREET ADDRESS	<b>317 E MAIN ST APT #2</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>AVON PARK FL</b>	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CEO WILLIAMS, GAYE</b>	4.2 NAME	
STREET ADDRESS	<b>PO BOX 1032 NA</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>FROSTPROOF FL</b>	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>VD SINGH, ELISHA</b>	5.2 NAME	
STREET ADDRESS	<b>507 HOOD ST</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>AVON PARK FL</b>	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>P TURNER, JOAN</b>	6.2 NAME	
STREET ADDRESS	<b>907 HENDON PLACE</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>POINCLANA FL</b>	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing 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 **David A. Duke, President** **1/23/97** **(941) 452-1870**

CR2E037 (9/96)