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Mar 26 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham 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 ONE WEST MAIN ST AVON PARK FL 33825	Mailing Address ONE WEST MAIN ST AVON PARK FL 33825
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3. Date Incorporated or Qualified 07/05/1973	
4. FEI Number 59-1404594	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent DUKE, DAVID A 301 SOUTH CLINCH LAKE BLVD FROSTPROOF FL 33843	
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10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number Is Not Acceptable)	
83	
84 City	FL 85 Zip Code

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** 1/15/98
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> DELETE
NAME	P DUKE, DAVID A
STREET ADDRESS	301 SOUTH CLINCH LAKE BLVD
CITY-ST-ZIP	FROSTPROOF FL
TITLE	<input type="checkbox"/> DELETE
NAME	TD ODHAM, NANCY
STREET ADDRESS	2433 N. PRIMROSE ROAD
CITY-ST-ZIP	AVON PARK FL
TITLE	<input type="checkbox"/> DELETE
NAME	SD GRAHAM, BOBBIE
STREET ADDRESS	317 E MAIN ST APT #2
CITY-ST-ZIP	AVON PARK FL
TITLE	<input type="checkbox"/> DELETE
NAME	CEO WILLIAMS, GAYE
STREET ADDRESS	PO BOX 1032 NA
CITY-ST-ZIP	FROSTPROOF FL
TITLE	<input type="checkbox"/> DELETE
NAME	VD SINGH, ELISHA
STREET ADDRESS	507 HOOD ST
CITY-ST-ZIP	AVON PARK FL
TITLE	<input type="checkbox"/> DELETE
NAME	P TURNER, JOAN
STREET ADDRESS	907 HENDON PLACE
CITY-ST-ZIP	POINCLANA FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I 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** 1/15/98 (941) 452-1870

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