

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS**FILED**
Mar 10, 1999 8:00 am
Secretary of State

03-10-1999 90046 047 ****70.00

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DOCUMENT # 726870

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

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		07/05/1973	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-1404594	
City & State		City & State		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip Country		Zip Country		Trust Fund Contribution	
24		25		29	
26		27		30	

9. Name and Address of Current Registered Agent

DUKE, DAVID A
301 SOUTH CLINCH LAKE BLVD
FROSTPROOF FL 33843

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1/22/99

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	DUKE, DAVID A	
STREET ADDRESS	301 SOUTH CLINCH LAKE BLVD	
CITY-ST-ZIP	FROSTPROOF 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 checked="" type="checkbox"/> DELETE
NAME	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 checked="" type="checkbox"/> Addition
6.2 NAME	P
6.3 STREET ADDRESS	Vickers, Audrey
6.4 CITY-ST-ZIP	1825 Wright Lane Lorida, Florida 33857

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

David A. Duke, Pres.

1/22/99

Date

(941) 452-3837

Daytime Phone #

CR2E037 (1/98)