

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 726870

1. Entity Name

CENTRAL FLORIDA HEALTH CARE, INC.

FILED
Mar 13, 2000 8:00 am
Secretary of State

03-13-2000 90016 011 ****70.00

Principal Place of Business

Mailing Address

ONE WEST MAIN ST 950 CR 17A, W.
AVON PARK FL 33825

ONE WEST MAIN ST 950 CR 17A, W.
AVON PARK FL 33825-3828



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1404594

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DUKE, DAVID A
~~301 SOUTH CLINCH LAKE BLVD~~ 607 W. H Street
FROSTPROOF FL 33843

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input type="checkbox"/> Delete
NAME	DUKE, DAVID A	
STREET ADDRESS	301 SOUTH CLINCH LAKE BLVD 607 W. H Street	
CITY-ST-ZIP	FROSTPROOF FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	ODHAM, NANCY	
STREET ADDRESS	2436 N. PRIMROSE ROAD 1500 N. Anoka Ave.	
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	VP Treasurer	<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	VICKERS, AUDREY	
STREET ADDRESS	1825 WRIGHT LANE	
CITY-ST-ZIP	LORIDA FL 33857	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

David A. Duke, Pres.

2/7/00

(863) 452-3000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)