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FILED
Sep 26, 2002 8:00 am
Secretary of State
09-10-2002 90229 031 ****61.25

NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 726870

1. Entity Name
Central Florida Health Care, Inc.

- 43064

[redacted]

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
950 CR 17A West	Sames
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Avon Park, Florida	City & State
Zip: 33825 Country: USA	Zip Country

4. FEI Number: 59-1404594 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

DO-NOT-WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: NANCY ODHAM

Street Address (P.O. Box Number is Not Acceptable): 1500 ANOKA AVENUE

City: AVON PARK FL Zip Code: 33825

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: Nancy L Odham Nancy Odham, President 9/6/02
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FEE IS $61.25 Initial or Amended UBR

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

TITLE: P NAME: Nancy Odham STREET ADDRESS: 1500 Anoka Avenue CITY-ST-ZIP: Avon Park, Florida 33825	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:
TITLE: TD NAME: David Duke STREET ADDRESS: P.O. Box 366 CITY-ST-ZIP: Frostproof, Florida 33843	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:
TITLE: SD NAME: Bobbie Graham STREET ADDRESS: 317 East Main Street, Apt.2 CITY-ST-ZIP: Avon Park, Florida 33825	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: DO-NOT-WRITE
TITLE: CEO NAME: Gaye, Williams STREET ADDRESS: P.O. Box 1032 CITY-ST-ZIP: Frostproof, Florida 33843	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: IN THIS SPACE
TITLE: VD NAME: Roy Tyler STREET ADDRESS: 1103 Avenue E CITY-ST-ZIP: Haines City, Florida 33844	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:
TITLE: P NAME: Elisha Sighn STREET ADDRESS: 507 Hood Street CITY-ST-ZIP: Avon Park, Florida 33825	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:

CR2E037B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Nancy L. Odham Nancy Odham, President 9/6/02 (863)452-3000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #