

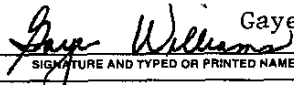


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 12, 2004 8:00 am**  
**Secretary of State**

01-12-2004 90005 027 \*\*\*\*70.00

<b>DOCUMENT # 726870</b> 1. Entity Name <b>CENTRAL FLORIDA HEALTH CARE, INC.</b>																																																																																																																	
Principal Place of Business <b>950 CR 17A WEST AVON PARK, FL 33825</b>			Mailing Address <b>950 CR 17A WEST AVON PARK, FL 33825</b>																																																																																																														
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		<b>44000774</b> 																																																																																																													
City & State		City & State		4. FEI Number <b>59-1404594</b>																																																																																																													
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>																																																																																																													
6. Name and Address of Current Registered Agent  <b>ODHAM, NANCY 1500 N ANOKA AVE AVON PARK, FL 33825</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b> Zip Code       </span>																																																																																																													
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. I am familiar with, and accept the obligations of registered agent.																																																																																																																	
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____																																																																																																																	
<b>Filing Fee is \$61.25 Due by May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>																																																																																																													
<b>Make check payable to Florida Department of State</b>																																																																																																																	
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <b>10. OFFICERS AND DIRECTORS</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 15%;">P</td> <td style="width: 15%;">Delete <input type="checkbox"/></td> <td style="width: 15%;">NAME</td> <td style="width: 15%;">ODHAM, NANCY</td> <td style="width: 15%;">STREET ADDRESS</td> <td style="width: 15%;">1500 ANOKA AVENUE</td> <td style="width: 15%;">CITY-ST-ZIP</td> <td style="width: 15%;">AVON PARK, FL 33825</td> </tr> <tr> <td>TITLE</td> <td>TD</td> <td>Delete <input type="checkbox"/></td> <td>NAME</td> <td>DUKE, DAVID A</td> <td>STREET ADDRESS</td> <td>PO BOX 366</td> <td>CITY-ST-ZIP</td> <td>FROSTPROOF, FL 33843</td> </tr> <tr> <td>TITLE</td> <td>SD</td> <td>Delete <input type="checkbox"/></td> <td>NAME</td> <td>GRAHAM, BOBBIE</td> <td>STREET ADDRESS</td> <td>317 E MAIN ST APT #2</td> <td>CITY-ST-ZIP</td> <td>AVON PARK, FL 33825</td> </tr> <tr> <td>TITLE</td> <td>CEO</td> <td>Delete <input type="checkbox"/></td> <td>NAME</td> <td>WILLIAMS, GAYE</td> <td>STREET ADDRESS</td> <td>PO BOX 1032 NA</td> <td>CITY-ST-ZIP</td> <td>FROSTPROOF, FL 33843</td> </tr> <tr> <td>TITLE</td> <td>P</td> <td>Delete <input type="checkbox"/></td> <td>NAME</td> <td>SINGH, ELISHA</td> <td>STREET ADDRESS</td> <td>507 HOOD ST</td> <td>CITY-ST-ZIP</td> <td>AVON PARK, FL 33825</td> </tr> <tr> <td>TITLE</td> <td>VD</td> <td>Delete <input checked="" type="checkbox"/></td> <td>NAME</td> <td>TYLER, ROY</td> <td>STREET ADDRESS</td> <td>1103 AVENUE E</td> <td>CITY-ST-ZIP</td> <td>HAINES CITY, FL 33844</td> </tr> </table> </div> <div style="width: 48%;"> <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>TITLE</td> <td></td> <td>Change <input type="checkbox"/> Addition <input type="checkbox"/></td> <td>NAME</td> <td></td> <td>STREET ADDRESS</td> <td></td> <td>CITY-ST-ZIP</td> <td></td> </tr> <tr> <td>TITLE</td> <td>VD</td> <td>Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/></td> <td>NAME</td> <td></td> <td>STREET ADDRESS</td> <td></td> <td>CITY-ST-ZIP</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td>Change <input type="checkbox"/> Addition <input type="checkbox"/></td> <td>NAME</td> <td></td> <td>STREET ADDRESS</td> <td></td> <td>CITY-ST-ZIP</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td>Change <input type="checkbox"/> Addition <input type="checkbox"/></td> <td>NAME</td> <td></td> <td>STREET ADDRESS</td> <td></td> <td>CITY-ST-ZIP</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td>Change <input type="checkbox"/> Addition <input type="checkbox"/></td> <td>NAME</td> <td></td> <td>STREET ADDRESS</td> <td></td> <td>CITY-ST-ZIP</td> <td></td> </tr> <tr> <td>TITLE</td> <td>TD</td> <td>Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/></td> <td>NAME</td> <td>Vickers, Audrey</td> <td>STREET ADDRESS</td> <td>1825 Wright Lane</td> <td>CITY-ST-ZIP</td> <td>Lorida, Florida 33857</td> </tr> </table> </div> </div>						TITLE	P	Delete <input type="checkbox"/>	NAME	ODHAM, NANCY	STREET ADDRESS	1500 ANOKA AVENUE	CITY-ST-ZIP	AVON PARK, FL 33825	TITLE	TD	Delete <input type="checkbox"/>	NAME	DUKE, DAVID A	STREET ADDRESS	PO BOX 366	CITY-ST-ZIP	FROSTPROOF, FL 33843	TITLE	SD	Delete <input type="checkbox"/>	NAME	GRAHAM, BOBBIE	STREET ADDRESS	317 E MAIN ST APT #2	CITY-ST-ZIP	AVON PARK, FL 33825	TITLE	CEO	Delete <input type="checkbox"/>	NAME	WILLIAMS, GAYE	STREET ADDRESS	PO BOX 1032 NA	CITY-ST-ZIP	FROSTPROOF, FL 33843	TITLE	P	Delete <input type="checkbox"/>	NAME	SINGH, ELISHA	STREET ADDRESS	507 HOOD ST	CITY-ST-ZIP	AVON PARK, FL 33825	TITLE	VD	Delete <input checked="" type="checkbox"/>	NAME	TYLER, ROY	STREET ADDRESS	1103 AVENUE E	CITY-ST-ZIP	HAINES CITY, FL 33844	TITLE		Change <input type="checkbox"/> Addition <input type="checkbox"/>	NAME		STREET ADDRESS		CITY-ST-ZIP		TITLE	VD	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>	NAME		STREET ADDRESS		CITY-ST-ZIP		TITLE		Change <input type="checkbox"/> Addition <input type="checkbox"/>	NAME		STREET ADDRESS		CITY-ST-ZIP		TITLE		Change <input type="checkbox"/> Addition <input type="checkbox"/>	NAME		STREET ADDRESS		CITY-ST-ZIP		TITLE		Change <input type="checkbox"/> Addition <input type="checkbox"/>	NAME		STREET ADDRESS		CITY-ST-ZIP		TITLE	TD	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>	NAME	Vickers, Audrey	STREET ADDRESS	1825 Wright Lane	CITY-ST-ZIP	Lorida, Florida 33857
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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.																																																																																																																	
<b>SIGNATURE:</b>  <b>Gaye Williams, CEO</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				1/5/04 (863) 452-3003 <small>Date Daytime Phone #</small>																																																																																																													