

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 726870

FILED
Jan 29, 2007
Secretary of State

Entity Name: CENTRAL FLORIDA HEALTH CARE, INC.

Current Principal Place of Business:

950 CR 17A WEST
AVON PARK, FL 33825

New Principal Place of Business:

Current Mailing Address:

950 CR 17A WEST
AVON PARK, FL 33825

New Mailing Address:

FEI Number: 59-1404594

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DUKE, DAVID A
PO BOX 366
FROSTPROOF, FL 33843 US

Name and Address of New Registered Agent:

DUKE, DAVID A
950 CR17A WEST
AVON PARK, FL 33825 US

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: DAVID A. DUKE

01/29/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: CD () Delete
Name: DUKE, DAVID A
Address: PO BOX 366
City-St-Zip: FROSTPROOF, FL 33843

Title: VCD () Delete
Name: TYLER, ROY
Address: 1103 AVENUE E
City-St-Zip: HAINES CITY, FL 33844

Title: SD () Delete
Name: ODHAM, NANCY
Address: 1500 SAM ASHBURY AVE.
City-St-Zip: AVON PARK, FL 33825

Title: TD () Delete
Name: ROEHM, KATHLEEN
Address: 249 MAXWELL DR.
City-St-Zip: WAUCHULA, FL 33873

Title: D () Delete
Name: VICKERS, AUDREY
Address: 1825 WRIGHT LANE
City-St-Zip: LORIDA, FL 33857

Title: D () Delete
Name: GARRISON, DAPHNE
Address: PO BOX 174
City-St-Zip: DUNDEE, FL 33838

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GAYE WILLIAMS

CEO

01/29/2007

Electronic Signature of Signing Officer or Director

Date