2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 04, 2010
Secretary of State

DOCUMENT# 726870

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 (X)**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

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

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

Title: SD
Name: CLAUSSEN, ANN
Address: 6916 HAYTER DRIVE
City-St-Zip: LAKELAND, FL 33813

Title: TD
Name: GARRISON, DAPHNE
Address: 2983 PLANTATION RD
City-St-Zip: WINTER HAVEN, FL 33884

Title: PD
Name: SINGH-PRATT, CAROL
Address: 2131 N TERRAPIN ROAD
City-St-Zip: AVON PARK, FL 33825

Title: D
Name: DOZIER, FELECIA
Address: PO BOX 1252
City-St-Zip: SEBRING, FL 33871

I hereby 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 all other like empowered.

SIGNATURE: BERNARD FULSE CFO 01/04/2010
Electronic Signature of Signing Officer or Director Date