

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 726870

FILED
Mar 19, 2012
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 (X)

Name and Address of Current Registered Agent:

TYLER, HERMAN R
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: TYLER, HERMAN R
Address: 1103 AVENUE E
City-St-Zip: HAINES CITY, FL 33844 US

Title: VCD
Name: CLAUSSEN, ANN
Address: 6916 HAYTER DR
City-St-Zip: LAKELAND, FL 33813 US

Title: SD
Name: BOYD, DEBORAH R
Address: 9775 SR 64W
City-St-Zip: ONA, FL 33865 US

Title: TD
Name: GARRISON, DAPHNE
Address: 1818 CROSSROADS
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

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

03/19/2012

Electronic Signature of Signing Officer or Director

Date