

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 27, 2003 8:00 am
Secretary of State

01-27-2003 90531 033 *****70.00

DOCUMENT # 726870

1. Entity Name

CENTRAL FLORIDA HEALTH CARE, INC.



Principal Place of Business

**950 CR 17A WEST
AVON PARK FL 33825**

Mailing Address

**950 CR 17A WEST
AVON PARK FL 33825**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-1404594**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ODHAM, NANCY
1500 N ANOKA AVE
AVON PARK FL 33825**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P** ☐ Delete
NAME **ODHAM, NANCY**
STREET ADDRESS **1500 ANOKA AVENUE**
CITY-ST-ZIP **AVON PARK FL 33825**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **TD** ☐ Delete
NAME **DUKE, DAVID A**
STREET ADDRESS **PO BOX 366**
CITY-ST-ZIP **FROSTPROOF FL 33843**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **SD** ☐ Delete
NAME **GRAHAM, BOBBIE**
STREET ADDRESS **317 E MAIN ST APT #2**
CITY-ST-ZIP **AVON PARK FL 33825**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **CEO** ☐ Delete
NAME **WILLIAMS, GAYE**
STREET ADDRESS **PO BOX 1032 NA**
CITY-ST-ZIP **FROSTPROOF FL 33843**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **P** ☐ Delete
NAME **SINGH, ELISHA**
STREET ADDRESS **507 HOOD ST**
CITY-ST-ZIP **AVON PARK FL 33825**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VD** ☐ Delete
NAME **TYLER, ROY**
STREET ADDRESS **1103 AVENUE E**
CITY-ST-ZIP **HAINES CITY FL 33844**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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.

SIGNATURE:

Nancy L. Odham

1/6/03

(863) 452-3003

CR2E037 (10/02)