FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY 23 PM 1:08

DOCUMENT # 736086 (0)

1. Corporation Name
FLORIDA COMMUNITY HEALTH CENTERS, INC.

Principal Place of Business	Mailing Address
5601 CORPORATE WAY, SUITE 320 WEST PALM BEACH FL 33407	5601 CORPORATE WAY, SUITE 320 WEST PALM BEACH FL 33407

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/14/1976
3a. Date of Last Report: 01/21/1994
4. FEI Number: 59-1671640 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business 21 4450 S TIFFANY DRIVE	2a. Mailing Address 26 4450 S. TIFFANY DRIVE
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 WEST PALM BEACH, FL	City & State 28 WEST PALM BEACH, FL
Zip / Country 24 33407 / 25 PALM BEACH	Zip / Country 29 33407 / 30 PALM BEACH

5. Certificate of Status Desired ☒ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

BROWN, EDWIN W.
5601 CORPORATE WAY, SUITE 320
WEST PALM BEACH FL 33407

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 4450 S. TIFFANY DRIVE
83
84 City: WEST PALM BEACH, FL 85 Zip Code: 33407

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: E. Edwin Brown 4/24/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HART, VICTOR 4659 34TH AVENUE GIFFORD FL	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP DURANT, MITCHELL P.O. BOX 1766 FT. PIERCE FL	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	PRESIDENT -D DURANT, MITCHELL ~~P. O. BOX 1766~~ 2818 S. US 1 FT. PIERCE, FL	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CEO T BROWN, EDWIN W 5601 CORPORATE WAY W PALM BEACH FL	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	T EDWIN W. BROWN 4450 S. TIFFANY DRIVE W PALM BEACH, FL	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HEIZLER, KAREN 2864 BOAT RAMP ROAD PALM CITY FL	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P FOSTER, RICHARD 1372 S.E. MANTH LANE PORT ST. LUCIE FL	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	D HELGA SNURE ~~P. O. BOX 1617~~ 16008 S W 153RD STREET INDIANTOWN, FL 34956	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LITTLE, BARBARA 2146 POLO GARDENS DRIVE WELLINGTON FL	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	D ERNESTO URBINA 3575 N W 1ST STREET OKEECHOBEE, FL 34972	☐ Change ☒ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 (if changed, or added) attachment with an address.

SIGNATURE: E. Edwin Brown E. W. BROWN, CEO 4/21/95 (407) 844-9443
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0011061