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Secretary of State

01-29-2002 90055 034 ****70.00

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2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 736086

1. Entity Name

FLORIDA COMMUNITY HEALTH CENTERS, INC.

Principal Place of Business	Mailing Address
4450 S TIFFANY DRIVE WEST PALM BEACH FL 33407 US	4450 S TIFFANY DRIVE WEST PALM BEACH FL 33407 US

[redacted]

DO NOT WRITE IN THIS SPACE

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 59-1671640 ☐ 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
BROWN, EDWIN W. 4450 S TIFFANY DRIVE WEST PALM BEACH FL 33407	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.

SIGNATURE _____ DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HART, VICTOR 4659 34TH AVENUE GIFFORD FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Victor Hart (Board Treasurer) 4659 34th Avenue Gifford, FL	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D JANET TAYLOR 501 FLORIDA AVENUE CLEWISTO FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PCEO BROWN, EDWIN W 4450 S TIFFANY DRIVE W PALM BEACH FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VC PORTIA GEORGE 707 N. 19TH STREET FT. PIERCE FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Portia George (Board Chair) 707 N. 19th Street Ft. Pierce, FL	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	C SNURE, HELGA 531 S.E. WEST VIRGINIA DRIVE PORT SAINT LUCIE FL 34983	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S Ivory Hamilton 14938 S.W. 171st Avenue Indiantown, FL 34956	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T DURANT, MITCHELL 2511 TROPICAL EAST CIRCLE PORT ST. LUCIE FL 34983	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Rev. Kenneth Mills (Board VC) 1330 S.W. Briarwood Drive Port St. Lucie, FL 34986	☒ Change ☐ Addition

CR2E037 (9/01)

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: Edwin W. Brown 1/25 (561)844-9443

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #