2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2006 08:00 AM
Secretary of State

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

DO NOT WRITE IN THIS SPACE

01062006 No Chg-NP CR2E037 (11/05)

4. FEI Number
59-1671640

Applied / Not Applicable

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

6. Name and Address of Current Registered Agent

BROWN, EDWIN W.
4450 S TIFFANY DRIVE
WEST PALM BEACH, FL 33407

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

Filing Fee is $61.25
Due by May 1, 2006

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

10. OFFICERS AND DIRECTORS

TITLE	BT
NAME	HART, VICTOR
STREET ADDRESS	4659 34TH AVENUE
CITY-ST-ZIP	GIFFORD, FL
TITLE	D
NAME	JANET TAYLOR
STREET ADDRESS	501 FLORIDA AVENUE
CITY-ST-ZIP	CLEWISTO, FL
TITLE	PCEO
NAME	BROWN, EDWIN W
STREET ADDRESS	4450 S TIFFANY DRIVE
CITY-ST-ZIP	W PALM BEACH, FL
TITLE	DC
NAME	PORTIA GEORGE
STREET ADDRESS	707 N. 19TH STREET
CITY-ST-ZIP	FT. PIERCE, FL
TITLE	S
NAME	COTTON, KAREN
STREET ADDRESS	3617 SW 17TH STREET
CITY-ST-ZIP	OKEECHOBEE, FL 34974
TITLE	DVC
NAME	RUCKS, BRIAN
STREET ADDRESS	15690 SW WARFIELD BLVD
CITY-ST-ZIP	INDIANTOWN, FL 34956

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02/02/06-80065-002 70.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ President + CEO 1/16/06 561 844 9443
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #