

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 16, 2007 8:00 am**  
**Secretary of State**

01-16-2007 90202 047 \*\*\*\*70.00

**DOCUMENT # 736086**

1. Entity Name  
FLORIDA COMMUNITY HEALTH CENTERS, INC.



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

Mailing Address  
4450 S TIFFANY DRIVE  
WEST PALM BEACH, FL 33407 US

60000040



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01042007 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number  
59-1671640

Applied For  
Not Applicable

Zip

Country

Zip

Country

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. 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

**Filing Fee is \$61.25**  
**Due by May 1, 2007**

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

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
BT  
HART, VICTOR  
4859 34TH AVENUE  
GIFFORD, FL ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
D  
JANET TAYLOR  
501 FLORIDA AVENUE  
CLEWISTO, FL ☐ Delete

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  
DC  
PORTIA GEORGE  
707 N. 19TH STREET  
FT. PIERCE, FL ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
S  
COTTON, KAREN  
3617 SW 17TH STREET  
OKEECHOBEE, FL 34974 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
DVC  
RUCKS, BRIAN  
15690 SW WARFIELD BLVD  
INDIANTOWN, FL 34956 ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
D/T  
Mary Ellis  
2112 SW Vixen Court  
Port St. Lucie, FL 34953 ☐ Change ☒ Addition

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

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

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
D/VC  
Frank Williams  
2040 Colonial Road, #2  
Fort Pierce, FL 34950 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
D/S  
Adriana Soto  
336 E. Avenida Del Rio  
Clewiston, FL 33440 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
D/C  
☒ Change ☐ Addition

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 if changed, or on an attachment with an address, with all other list employees.

**SIGNATURE:** Edwin W. Brown President/COO  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/11/07 (561) 844 9443  
Date Daytime Phone #