

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 16, 2008 08:00 AM
Secretary of State

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



01072008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

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

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

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IN THIS SPACE**

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, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE DT
NAME ELLIS, MARY
STREET ADDRESS 2112 SW VIXEN COURT
CITY-ST-ZIP PORT SAINT LUCIE, FL 34953

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 DVC
NAME WILLIAMS, FRANK
STREET ADDRESS 2040 COLONIAL RD #2
CITY-ST-ZIP FORT PIERCE, FL 34950

TITLE DS
NAME SOTO, ADRIANA
STREET ADDRESS 336 E AVENIDO DEL RIO
CITY-ST-ZIP CLEWISTON, FL 33440

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

U00000786564
01/17/08-80044-008 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Edwin W. Brown, CEO*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/14/2008
Date

561 844 9443
Daytime Phone #