

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 736086

FILED
Jan 20, 2009
Secretary of State

Entity Name: FLORIDA COMMUNITY HEALTH CENTERS, INC.

Current Principal Place of Business:

4450 S TIFFANY DRIVE
WEST PALM BEACH, FL 33407 US

New Principal Place of Business:

Current Mailing Address:

4450 S TIFFANY DRIVE
WEST PALM BEACH, FL 33407 US

New Mailing Address:

FEI Number: 59-1671640 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DT () Delete
Name: ELLIS, MARY
Address: 2112 SW VIXEN COURT
City-St-Zip: PORT SAINT LUCIE, FL 34953

Title: D () Delete
Name: JANET TAYLOR
Address: 501 FLORIDA AVENUE
City-St-Zip: CLEWISTO, FL

Title: PCEO () Delete
Name: BROWN, EDWIN W
Address: 4450 S TIFFANY DRIVE
City-St-Zip: W PALM BEACH, FL

Title: DVC () Delete
Name: WILLIAMS, FRANK
Address: 2040 COLONIAL RD #2
City-St-Zip: FORT PIERCE, FL 34950

Title: DS () Delete
Name: SOTO, ADRIANA
Address: 336 E AVENIDO DEL RIO
City-St-Zip: CLEWISTON, FL 33440

Title: DC () Delete
Name: RUCKS, BRIAN
Address: 15690 SW WARFIELD BLVD
City-St-Zip: INDIANTOWN, FL 34956

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: C (X) Change () Addition
Name: COTTON, KAREN
Address: 3617 SW 17TH STREET
City-St-Zip: OKEECHOBEE, FL 34974

Title: PCEO (X) Change () Addition
Name: BROWN, EDWIN W
Address: 4450 S TIFFANY DRIVE
City-St-Zip: W PALM BEACH, FL 33407

Title: S (X) Change () Addition
Name: ADDISON, JOYCE
Address: 3002 2ND STREET
City-St-Zip: CLEWISTON, FL 33440

Title: VC (X) Change () Addition
Name: SOTO, ADRIANA
Address: 336 E AVENIDO DEL RIO
City-St-Zip: CLEWISTON, FL 33440

Title: D (X) Change () Addition
Name: RUCKS, BRIAN
Address: 15690 SW WARFIELD BLVD
City-St-Zip: INDIANTOWN, FL 34956

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: EDWIN W. BROWN

PRES

01/20/2009

Electronic Signature of Signing Officer or Director

Date