

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 754720

FILED
Jan 24, 2011
Secretary of State

Entity Name: FAMILY HEALTH CENTER OF COLUMBIA COUNTY, INC.

Current Principal Place of Business:

173 ALBRITTON LN
LAKE CITY, FL 32055 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 249
LAKE CITY, FL 320567249

New Mailing Address:

FEI Number: 59-2086283

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

LATOUR, LARRY
778 SW BISCAYNE GLEN
LAKE CITY, FL 32025 US

Name and Address of New Registered Agent:

SCHAAFSMA, C. KEITH
4451 SW 102ND AVE.
LAKE BUTLER, FL 32054 US

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: C. KEITH SCHAAFSMA

01/24/2011

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VP
Name: PATTISON, DOROTHY
Address: 576 NW SPRING HOLLOW BLVD
City-St-Zip: LAKE CITY, FL 32055

Title: S
Name: HERDEGEN, BETTY
Address: 245 SE RACHEL WAY
City-St-Zip: LAKE CITY, FL 32025

Title: TRES
Name: ALBURY, PATRICIA A
Address: 21298 S. US HWY.441
City-St-Zip: HIGH SPRINGS,, FL 32346

Title: PD
Name: SCHAAFSMA, C. KEITH
Address: 4451 SW 102ND AVE.
City-St-Zip: LAKE BUTLER, FL 32054

I hereby 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 all other like empowered.

SIGNATURE: C. KEITH SCHAAFSMA

PD

01/24/2011

Electronic Signature of Signing Officer or Director

Date