

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 24, 2001 8:00 am
Secretary of State

01-24-2001 90085 050 ****61.25

DOCUMENT # 757774

1. Entity Name

THE FLORIDA ASSOCIATION OF COMMUNITY HEALTH CENT

Principal Place of Business

Mailing Address

**1203 GOVERNORS SQUARE BLVD.
SUITE 302
TALLAHASSEE FL 32301
US**

**1203 GOVERNORS SQUARE BLVD.
SUITE 302
TALLAHASSEE FL 32301
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 202

Suite 202

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2559163

Applied For

Not Applicable

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

**GLASS, GREGORY J
1203 GOVERNORS SQ. BLVD.
SUITE 302
TALLAHASSEE FL 32301**

Name

Street Address (P.O. Box Number is Not Acceptable)

1203 Governors Square Blvd. Suite 202

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
FEE IS \$61.25**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **TD** ☐ Delete
NAME **WILLIAMS, GAYE**
STREET ADDRESS **1 W MAIN ST**
CITY-ST-ZIP **AVON PEAK FL 33825**

TITLE **TD** ☐ Change ☐ Addition
NAME **John T. Myles**
STREET ADDRESS **P.O. Box 249**
CITY-ST-ZIP **Lake City, FL 32056**

TITLE **CD** ☐ Delete
NAME **AKIN, RICHARD**
STREET ADDRESS **1454 MADISON AVENUE**
CITY-ST-ZIP **IMMOKALEE FL 33934**

TITLE **VD** ☐ Change ☐ Addition
NAME **Ron Melancon**
STREET ADDRESS **37946 Church Avenue**
CITY-ST-ZIP **Dade City, FL 33525**

TITLE **SD** ☐ Delete
NAME **MYLES, JOHN T**
STREET ADDRESS **PO BOX 249**
CITY-ST-ZIP **LK CITY FL 32056**

TITLE **SD** ☐ Change ☐ Addition
NAME **George VanBuren, M.D.**
STREET ADDRESS **P.O. Box 499**
CITY-ST-ZIP **Parrish, FL 34219**

TITLE **VS** ☐ Delete
NAME **WILLIAMS, MARK**
STREET ADDRESS **218 S. LAKE AVENUE**
CITY-ST-ZIP **APOPKA FL 32704**

TITLE **CD** ☐ Change ☐ Addition
NAME **Mark Williams**
STREET ADDRESS **218 S. Lake Avenue**
CITY-ST-ZIP **Apopka, FL 32704**

TITLE **P** ☐ Delete
NAME **GLASS, GREGORY J**
STREET ADDRESS **1203 GOVERNORS SQ. BLVD., SUITE 302**
CITY-ST-ZIP **TALLAHASSEE FL 32301**

TITLE **P** ☐ Change ☐ Addition
NAME **Gregory J. Glass**
STREET ADDRESS **1203 Governors Square Blvd. #202**
CITY-ST-ZIP **Tallahassee, FL 32301**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

850-942-1822

CR2E037 (10/00)