

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 19, 2002 8:00 am
Secretary of State

02-19-2002 90018 014 ****61.25

DOCUMENT # 757774

1. Entity Name

THE FLORIDA ASSOCIATION OF COMMUNITY HEALTH CENTERS, INC.

Principal Place of Business

Mailing Address

**1203 GOVERNORS SQUARE BLVD.
 STE 202
 TALLAHASSEE FL 32301
 US**

**1203 GOVERNORS SQUARE BLVD.
 STE 202
 TALLAHASSEE FL 32301
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

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.
 STE 202
 TALLAHASSEE FL 32301**

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.

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

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

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

TITLE ☐ Change ☐ Addition
 NAME **C**
 STREET ADDRESS **Mark Williams**
 CITY-ST-ZIP **218 South Lake Street
 Apopka, Fl 32704**

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

TITLE ☐ Change ☐ Addition
 NAME **S**
 STREET ADDRESS **George Van Buren**
 CITY-ST-ZIP **12214 US Highway 301 North
 Parrish, Fl 34219**

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

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

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

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

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 REQUIRED

1/26/02

Date

Daytime Phone #

CR2E037 (9/01)