

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 757774

**FILED**  
**May 04, 2004**  
**Secretary of State****Entity Name:** THE FLORIDA ASSOCIATION OF COMMUNITY HEALTH CENTERS, INC.**Current Principal Place of Business:**1203 GOVERNORS SQUARE BLVD.  
STE 202  
TALLAHASSEE, FL 32301 US**New Principal Place of Business:****Current Mailing Address:**1203 GOVERNORS SQUARE BLVD.  
STE 202  
TALLAHASSEE, FL 32301 US**New Mailing Address:**433 NORTH MAGNOLIA DRIVE  
TALLAHASSEE, FL 32308 US**FEI Number:** 59-2559163**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**BEHRMAN, ANDREW R  
1203 GOVERNORS SQUARE BLVD  
STE 202  
TALLAHASSEE, FL 32301 US**Name and Address of New Registered Agent:**BEHRMAN, ANDREW R  
433 NORTH MAGNOLIA DRIVE  
TALLAHASSEE, FL 32308 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: NANCY C. CASKEY

05/04/2004

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: WILLIAMS, MARK  
Address: 110 SO. WOODARD STREET  
City-St-Zip: APOPKA, FL 32703

Title: S ( ) Delete  
Name: VANCE, SARA  
Address: 1302 RIVER STREET  
City-St-Zip: PALATKA, FL 32177

Title: VD ( ) Delete  
Name: MYLES, JOHN T  
Address: NORTH 441 ALBRITTON RD  
City-St-Zip: LAKE CITY, FL 32056

Title: C ( ) Delete  
Name: HARTLEY, BRODES  
Address: 10300 SW 216TH STREET  
City-St-Zip: MIAMI, FL 33190

Title: P ( ) Delete  
Name: BEHRMAN, ANDREW R  
Address: 1203 GOVERNOR'S SQUARE BLVD #202  
City-St-Zip: TALLAHASSEE, FL 32301

Title: T ( ) Delete  
Name: VAN BUREN, GEORGE  
Address: 12214 US HWY 301 NORTH  
City-St-Zip: PARRISH, FL 34219

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: ANDREW R. BEHRMAN

MR.

05/04/2004

Electronic Signature of Signing Officer or Director

Date