

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 757774

FILED
Mar 31, 2006
Secretary of State

Entity Name: THE FLORIDA ASSOCIATION OF COMMUNITY HEALTH CENTERS, INC.

Current Principal Place of Business:

433 NORTH MAGNOLIA DRIVE
TALLAHASSEE, FL 32308 US

New Principal Place of Business:

Current Mailing Address:

433 NORTH MAGNOLIA DRIVE
TALLAHASSEE, FL 32308 US

New Mailing Address:

FEI Number: 59-2559163

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

BEHRMAN, ANDREW R
433 NORTH MAGNOLIA DRIVE
TALLAHASSEE, FL 32308 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: D/C () Delete
Name: MYLES, JOHN T
Address: NORTH 441 ALBRITTON RD
City-St-Zip: LAKE CITY, FL 32056 US

Title: D/ () Delete
Name: BOTTOMS, CHARLES
Address: 1222 E 131 AVENUE
City-St-Zip: TAMPA, FL 33612

Title: D/S () Delete
Name: FRAZIER, ROSALYN
Address: 2518 NORTH STATE ROAD 7
City-St-Zip: HOLLYWOOD,, FL 33021

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

Title: D () Delete
Name: YATES, DEWAYNE
Address: 911 SOUTH MAIN STREET
City-St-Zip: TALLAHASSEE, FL 32303

Title: D/T () Delete
Name: ROSZEL, BRANTZ
Address: 2814 14TH AVENUE SE
City-St-Zip: RUSKIN,, FL 33570

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D/ (X) Change () Addition
Name: BOTTOMS, CHARLIE
Address: 1222 E 131 AVENUE
City-St-Zip: TAMPA, FL 33612

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 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: ANDREW R. BEHRMAN

PRES

03/31/2006

Electronic Signature of Signing Officer or Director

Date