


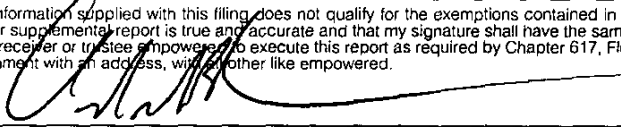


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 757774 1. Entity Name THE FLORIDA ASSOCIATION OF COMMUNITY HEALTH CENTERS, INC.			FILED 08 MAY -2 PM 1:50 SECRETARY OF STATE TALLAHASSEE, FLORIDA 	
Principal Place of Business 2340 HANSEN LANE TALLAHASSEE, FL 32301 US		Mailing Address 2340 HANSEN LANE TALLAHASSEE, FL 32301 US		
DO NOT WRITE IN THIS SPACE		 04012008 No Chg-NP CR2E037 (4/06)		
4. FEI Number 59-2559163		Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent BEHRMAN, ANDREW R 2340 HANSEN LANE TALLAHASSEE, FL 32301		DO NOT WRITE IN THIS SPACE		
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. I am familiar with, and accept the obligations of registered agent.				
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>				
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE <div style="border: 1px solid black; padding: 10px; margin: 10px auto; width: 80%;"> 900130174229 05/23/08--01017--007 **61.00 </div>		
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	D/C BOTTOMS, CHARLES 2402 EAST MARTIN LUTHER KING JR. BLVD TAMPA, FL 33610			
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	D/V ROSZEL, BRANTZ 2814 14TH AVENUE SE RUSKIN, FL 33575			
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	D/S FRAZIER, ROSALYN 2518 NORTH STATE ROAD 7 HOLLYWOOD, FL 33021			
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	D/T YATES, DEWAYNE 911 SOUTH MAIN STREET TRENTON, FL 32693			
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	D JOHN, MYLES 173 NW ALBRITTON LANE TALLAHASSEE, FL 32056			
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	D BAKARI, BURNS 234 N. ORANGE BLOSSOM TRAIL ORLANDO, FL 32805			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 another like empowered.				
SIGNATURE: 		<div style="display: flex; justify-content: space-between;"> 4/16/08 880 942 1822 </div> <small>Date Daytime Phone #</small>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				