2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 03, 2012
Secretary of State

DOCUMENT# 757774

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

Current Principal Place of Business:

2340 HANSEN LANE
TALLAHASSEE, FL 32301 US

New Principal Place of Business:

Current Mailing Address:

2340 HANSEN LANE
TALLAHASSEE, FL 32301 US

New Mailing Address:

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
2340 HANSEN LANE
TALLAHASSEE, FL 32301 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
Name: FRAZIER, ROSALYNN
Address: 5010 HOLLYWOOD BLVD., SUITE 100-B
City-St-Zip: HOLLYWOOD, FL 33021 US

Title: D/T
Name: RICHARDS, J. R
Address: 1720 GADSDEN STREET
City-St-Zip: TALLAHASSEE, FL 32301 US

Title: D/VC
Name: BURNS, BAKARI
Address: 232 NORTH ORANGE BLOSSOM TRAIL
City-St-Zip: ORLANDO, FL 32805 US

Title: D/S
Name: MABE, PAT
Address: 1344 22ND STREET SOUTH
City-St-Zip: ST PETERSBURG, FL 33712 US

Title: D/P
Name: KELLY, EVERETT
Address: 1425 SOUTH US HIGHWAY 301
City-St-Zip: SUMTERVILLE, FL 33585 US

I hereby 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 all other like empowered.

SIGNATURE: DON PORTERFIELD CFO 01/03/2012

Electronic Signature of Signing Officer or Director Date