

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2003 8:00 am
Secretary of State

04-25-2003 90130 035 ****61.25

DOCUMENT # 757774

1. Entity Name

THE FLORIDA ASSOCIATION OF COMMUNITY HEALTH CENTERS, INC.



Principal Place of Business

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

Mailing Address

**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

**GLASS, GREGORY J
1203 GOVERNORS SQ. BLVD.
STE 202
TALLAHASSEE FL 32301**

7. Name and Address of New Registered Agent

Name **Andrew R. Behrman**
Street Address (P.O. Box Number is Not Acceptable)
**1203 Governors Square Blvd.
Suite 202**
City **Tallahassee** FL Zip Code **32301**

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

Andrew R. Behrman

4/24/2003

(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
Florida Department of State**

10. OFFICERS AND DIRECTORS

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

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

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

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

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

TITLE **S** ☐ Delete
NAME **VAN BUREN, GEORGE**
STREET ADDRESS **12214 US HWY 301 NORTH**
CITY-ST-ZIP **PARRISH FL 34219**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D Williams, Mark** ☒ Change ☐ Addition
NAME **110 So. Woodard Street**
STREET ADDRESS **Apopka, FL 32703**
CITY-ST-ZIP

TITLE **S Vance, Sara** ☒ Change ☐ Addition
NAME **1302 River Street**
STREET ADDRESS **Palatka, FL 32177**
CITY-ST-ZIP

TITLE **VD Myles, John T.** ☒ Change ☐ Addition
NAME **North 441 Albritton Rd.**
STREET ADDRESS **Lake City, FL 32056**
CITY-ST-ZIP

TITLE **C Hartley, Brodes** ☒ Change ☐ Addition
NAME **10300 SW 216th Street**
STREET ADDRESS **Miami, FL 33190**
CITY-ST-ZIP

TITLE **P Andrew R. Behrman** ☒ Change ☐ Addition
NAME **1203 Governors Square Blvd. 202**
STREET ADDRESS **Tallahassee, FL 32301**
CITY-ST-ZIP

TITLE **T Van Buren, George** ☒ Change ☐ Addition
NAME **12214 US Highway 301 North**
STREET ADDRESS **Parrish, FL 34219**
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 an other like empowered.

Andrew R. Behrman

4/24/2003 850/942-1822

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/02)