

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 763479

FILED
Apr 28, 2011
Secretary of State

Entity Name: COMMUNITY HOSPITAL PROFESSIONAL CONDOMINIUMS ASSOCIATION, INC.

Current Principal Place of Business:

1769 E MOODY BLVD
BLDG 2, STE 304
BUNNELL, FL 32110

New Principal Place of Business:

1769 E MOODY BLVD
BUILDING 2 - ATTN: KRIS COLLORA
BUNNELL, FL 32110

Current Mailing Address:

1769 E MOODY BLVD
BLDG 2, STE 304
BUNNELL, FL 32110

New Mailing Address:

PO BOX 2284
BUNNELL, FL 32110

FEI Number: 59-2984966

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COLLORA, KRISTEN
1769 E MOODY BLVD
BLDG 2, STE 304
BUNNELL, FL 32110 US

Name and Address of New Registered Agent:

COLLORA, KRISTEN
1769 E MOODY BLVD
BUILDING 2
BUNNELL, FL 32110 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: KCOLLORA

04/28/2011

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD
Name: CARTER, MORRIS DR.
Address: PO BOX 943
City-St-Zip: BUNNELL, FL 32110

Title: VD
Name: CUSHING, ARTHUR DR.
Address: PO BOX 2199
City-St-Zip: BUNNELL, FL 32110

Title: TSD
Name: COLLORA, KRISTEN
Address: 1769 E MOODY BLVD, BLDG 2
City-St-Zip: BUNNELL, FL 32110

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: KCOLLORA

TSD

04/28/2011

Electronic Signature of Signing Officer or Director

Date