

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 763479

**FILED**  
**Mar 19, 2012**  
**Secretary of State**

**Entity Name:** COMMUNITY HOSPITAL PROFESSIONAL CONDOMINIUMS ASSOCIATION, INC.

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

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

**Current Mailing Address:**

PO BOX 2284  
BUNNELL, FL 32110

**New Mailing Address:**

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  
BUILDING 2  
BUNNELL, FL 32110 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: 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: KRISTEN COLLORA

TSD

03/19/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date