

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000002308

FILED
Jan 13, 2009
Secretary of State

Entity Name: CHICKASAW HEALTH CARE PROPERTIES, INC.

Current Principal Place of Business:

3949 SOUTH COBB DRIVE
SMYRNA, GA 30080

New Principal Place of Business:

Current Mailing Address:

3949 SOUTH COBB DRIVE
SMYRNA, GA 30080

New Mailing Address:

FEI Number: 51-0605681

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TRIMBLE, T.L.
111 N. ORLANDO AVE
WINTER PARK, FL 32789 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: CD () Delete
Name: HENDERSCHIEDT, ROBERT
Address: 111 N. ORLANDO AVE
City-St-Zip: WINTER PARK, FL 32789

Title: DP () Delete
Name: FETTERS, MICHELLE
Address: 602 COURTLAND STREET STE #200
City-St-Zip: ORLANDO, FL 32804

Title: AS () Delete
Name: ADDISCOTT, LYNN
Address: 111 N. ORLANDO AVENUE
City-St-Zip: WINTER PARK, FL 32789

Title: AS () Delete
Name: SKILTON, GARY C
Address: 111 NORTH ORLANDO AVE
City-St-Zip: WINTER PARK, FL 32789

Title: AS () Delete
Name: DE PRADA, ARIEL
Address: 111 N. ORLANDO AVENUE
City-St-Zip: WINTER PARK, FL 32789

Title: D () Delete
Name: REINER, RICHARD
Address: 111 NORTH ORLANDO AVE
City-St-Zip: WINTER PARK, FL 32789

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DP (X) Change () Addition
Name: GIVENS, MICHELLE
Address: 602 COURTLAND STREET STE #200
City-St-Zip: ORLANDO, FL 32804

Title: D (X) Change () Addition
Name: MCMILLAN, FRANK
Address: 1302 HAMPSHIRE PLACE CIRCLE
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: AS (X) Change () Addition
Name: MCMULLEN, ROBERT
Address: 602 COURTLAND STREET STE #200
City-St-Zip: ORLANDO, FL 32804

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: AS (X) Change () Addition
Name: RODMAN, DAVID
Address: 602 COURTLAND STREET STE #200
City-St-Zip: ORLANDO, FL 32804

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: ARIEL DE PRADA

AS

01/13/2009

Electronic Signature of Signing Officer or Director

Date