


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2007 8:00 am
Secretary of State

05-01-2007 90026 004 ***150.00


DOCUMENT # G90545	
1. Entity Name COMMUNITY HOME CARE, INC.	

Principal Place of Business 350 7TH STREET NORTH NAPLES, FL 34102	Mailing Address PO BOX 727 NAPLES, FL 34106
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
Zip	Country

40033360



04162007 Chg-P CR2E034 (12/06)

4. FEI Number 59-2372966	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent COOPER, KEVIN 350 7TH STREET NORTH NAPLES, FL 34102	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ (NOTE: Registered Agent signature required when reinstating)

Signature, typed or printed name of registered agent and title if applicable DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11																								
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Kevin Cooper 4/20/07 239-436-5100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT

Community Home Care, Inc.
Board of Directors

40095323
690545

Dan Baer
350 7th Street North
Naples, FL 34102
Director

William Bindley
350 7th Street North
Naples, FL 34102
Director

Richard Bodman
350 7th Street North
Naples, FL 34102
Director

Linda Flewelling
350 7th Street North
Naples, FL 34102
Director

Thomas Gazdic
350 7th Street North
Naples, FL 34102
Director

Daniel Gill
350 7th Street North
Naples, FL 34102
Director

Arnold Lerner
350 7th Street North
Naples, FL 34102
Director

John Morrison
350 7th Street North
Naples, FL 34102
Director

Richard Roland, MD
350 7th Street North
Naples, FL 34102
Director

Stephen Schwartz
350 7th Street North
Naples, FL 34102
1st Vice Chair/Director

Carl E. Westman
350 7th Street North
Naples, FL 34102
Chairman/Director

Kevin D. Cooper
350 7th Street North
Naples, FL 34102
General Counsel/Chief of Staff

Gail A. Dolan
350 7th Street North
Naples, FL 34102
COO-North Naples Hospital

Phillip C. Dutcher
350 7th Street North
Naples, FL 34102
COO-NCH Downtown Hospital

Vicki D. Hale
350 7th Street North
Naples, FL 34102
CFO/Assistant Treasurer

Brian C.G. Settle
350 7th Street North
Naples, FL 34102
Chief Human Resources Officer

Carrie A. Skifton
350 7th Street North
Naples, FL 34102
Chief Nursing & Clinical Officer

Susan B. Wolff
350 7th Street North
Naples, FL 34102
Chief Information Officer