2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 25, 2009
Secretary of State

DOCUMENT# N02000001061

Entity Name: COMMUNITY HEALTH CONNECTIONS, INC.

Current Principal Place of Business:

3902 W. HENDERSON BLVD., STE 205
TAMPA, FL 33629

New Principal Place of Business:

2806 N. ARMENIA AVE
#100
TAMPA, FL 33607 US

Current Mailing Address:

3902 W. HENDERSON BLVD., STE 205
TAMPA, FL 33629

New Mailing Address:

2806 N. ARMENIA AVE
#100
TAMPA, FL 33607 US

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MURPHY, JANE M
3902 W. HENDERSON BLVD., STE 205
TAMPA, FL 33629 US

Name and Address of New Registered Agent:

MURPHY, JANE M
2806 N. ARMENIA AVE, #100
TAMPA, FL 33607 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: 03/25/2009
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: MURPHY, JANE
Address: 3902 W. HENDERSON BLVD., STE 205
City-St-Zip: TAMPA, FL 33629

Title: VST ( ) Delete
Name: STANLEY, LESIA J
Address: 3902 W. HENDERSON BLVD., STE 205
City-St-Zip: TAMPA, FL 33629

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: MURPHY, JANE
Address: 2806 N. ARMENIA AVE, #100
City-St-Zip: TAMPA, FL 33607

Title: VST (X) Change ( ) Addition
Name: STANLEY, LESIA J
Address: 2806 N. ARMENIA AVE, #100
City-St-Zip: TAMPA, FL 33607

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: JANE M. MURPHY P 03/25/2009
Electronic Signature of Signing Officer or Director — Date