

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000001061

FILED  
Mar 29, 2010  
Secretary of State

**Entity Name:** COMMUNITY HEALTH CONNECTIONS, INC.

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

**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  
2806 N. ARMENIA AVE, #100  
TAMPA, FL 33607 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: P  
Name: MURPHY, JANE  
Address: 2806 N. ARMENIA AVE, #100  
City-St-Zip: TAMPA, FL 33607

Title: VST  
Name: STANLEY, LEISA J  
Address: 2806 N. ARMENIA AVE, #100  
City-St-Zip: TAMPA, FL 33607

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: JANE M MURPHY

PRES

03/29/2010

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

\_\_\_\_\_ Date