

2011 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Aug 12, 2011
Secretary of State

DOCUMENT# N03000002132

Entity Name: CENTRAL FLORIDA CARES HEALTH SYSTEM, INC.**Current Principal Place of Business:**237 FERNWOOD BLVD, STE C
FERN PARK, FL 32730**New Principal Place of Business:****Current Mailing Address:**237 FERNWOOD BLVD, STE C
FERN PARK, FL 32730**New Mailing Address:****FEI Number:** 51-0448002**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired (X)****Name and Address of Current Registered Agent:**DRISKELL, DEBBIE R
237 FERNWOOD BLVD, STE C
FERN PARK, FL 32730 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: KASSAB, JERRY
Address: 1800 MERCY DRIVE
City-St-Zip: ORLANDO, FL 32808

Title: VP
Name: JACOBS, DICK
Address: 3670 MAGUIRE BLVD
City-St-Zip: ORLANDO, FL 32803

Title: T
Name: ROOKS, DAVID
Address: 1801 LEE ROAD, STE 170
City-St-Zip: WINTER PARK, FL 32789

Title: S
Name: WHITAKER, JAMES
Address: 400 E. SHERIDAN ROAD
City-St-Zip: MELBOURNE, FL 32901

Title: PP
Name: DRISKELL, DEBBIE R
Address: 237 FERNWOOD BLVD
City-St-Zip: FERN PARK, FL 32730

Title: D
Name: BUNDY, DAVID
Address: 1485 S. SEMORAN BLVD, STE 1448
City-St-Zip: WINTER PARK, FL 32792

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: DEBBIE R DRISKELL

PP

08/12/2011

Electronic Signature of Signing Officer or Director

Date