

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03847

FILED
Feb 05, 2010
Secretary of State

Entity Name: BOND COMMUNITY HEALTH CENTER, INC.

Current Principal Place of Business:

1720 SOUTH GASDEN ST.
TALLAHASSEE, FL 32301 US

New Principal Place of Business:

Current Mailing Address:

1720 SOUTH GASDEN ST.
TALLAHASSEE, FL 32301 US

New Mailing Address:

FEI Number: 59-2426414

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RICHARDS, J.R.
710 WEST ORANGE AVENUE
TALLAHASSEE, FL 32310 US

Name and Address of New Registered Agent:

RICHARDS, J.R.
1720 SOUTH GASDEN ST.
TALLAHASSEE, FL 32301 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:

02/05/2010

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: C/D
Name: WEBSTER, JOSEPH
Address: 4891 HIGH GROVE ROAD
City-St-Zip: TALLAHASSEE, FL 32309

Title: V/D
Name: MC LEOD, CLINTON
Address: 1353 LAFAYETTE STREET
City-St-Zip: TALLAHASSEE, FL 32301

Title: S/D
Name: GAALEMA, CONNIE
Address: 36 OYSTER BAY DRIVE
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: D
Name: BARNES, WILSON
Address: 1949 SETTING SUN TRAIL
City-St-Zip: TALLAHASSEE, FL 32303

Title: M
Name: RICHARDS, J.R. CEO
Address: 710 W ORANGE AVENUE
City-St-Zip: TALLAHASSEE, FL 32310 US

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: MARK NORTHCUTT

CFO

02/05/2010

Electronic Signature of Signing Officer or Director

Date