

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000003491

FILED
Jan 15, 2009
Secretary of State

Entity Name: COMMUNITY HEALTH CENTER OF NORTH PORT, INC.

Current Principal Place of Business:

6950 PAN AMERICAN DR
N PORT, FL 34287

New Principal Place of Business:

6950 OUTREACH WAY
N PORT, FL 34287

Current Mailing Address:

2200 RINGLING BLVD.
SARASOTA, FL 34237

New Mailing Address:

FEI Number: 20-2779327

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MELLOR, CORD C
13801 TAMiami TR STE D
N PORT, FL 34287 US

Name and Address of New Registered Agent:

MELLOR, CORD
13801 TAMiami TR STE D
N PORT, FL 34287 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: CORD MELLOR

01/15/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: MS. () Delete
Name: MICHAEL, MELANIE
Address: 2200 RINGLING BLVD.
City-St-Zip: SARASOTA, FL 34237

Title: MR. () Delete
Name: DONOGHUE, JOHN
Address: 15121 TAMiami TRAIL
City-St-Zip: NORTH PORT, FL 34287

Title: MS () Delete
Name: HODGKINS, PATRICIA
Address: 2720 SHENANDOAH ST
City-St-Zip: NORTH PORT, FL 34287

Title: MS () Delete
Name: SANCHEZ, BARBARA G
Address: 6062 OTIS RD
City-St-Zip: NORTH PORT, FL 34287

Title: MRS () Delete
Name: SOLETO, ZULMA
Address: 2950 PAN AMERICAN DR
City-St-Zip: NORTH PORT, FL 34287

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: MS. (X) Change () Addition
Name: MCCALLISTER, LEAH H
Address: 6950 OUTREACH WAY
City-St-Zip: NORTH PORT, FL 34287

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MRS (X) Change () Addition
Name: SOLERO, ZULMA
Address: 2950 PAN AMERICAN DR
City-St-Zip: NORTH PORT, FL 34287

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: LEAH H. MCCALLISTER

CEO

01/15/2009

Electronic Signature of Signing Officer or Director

Date