

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000003491

FILED  
Feb 04, 2011  
Secretary of State

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

**Current Principal Place of Business:**

6950 OUTREACH WAY  
N PORT, FL 34287

**New Principal Place of Business:**

6950 OUTREACH WAY  
NORTH PORT, FL 34287

**Current Mailing Address:**

2200 RINGLING BLVD.  
SARASOTA, FL 34237

**New Mailing Address:**

2200 RINGLING BOULEVARD  
SARASOTA, FL 34237

**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  
13801 TAMIAMI TR STE D  
N PORT, FL 34287 US

**Name and Address of New Registered Agent:**

MELLOR, CORD  
13801 TAMIAMI TR STE D  
NORTH 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:

02/04/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DR  
Name: STONE, LINDA L  
Address: 2200 RINGLING BLVD  
City-St-Zip: SARASOTA, FL 34237

Title: MS.  
Name: SOLERO, ZULMA  
Address: 6919 OUTREACH WAY  
City-St-Zip: NORTH PORT, FL 34287

Title: MR.  
Name: KOBRYN, ATANAS  
Address: 1451 S. BISCAYNE DR.  
City-St-Zip: NORTH PORT, FL 34287

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

Title: MRS  
Name: SOLERO, ZULMA  
Address: 6919 OUTREACH WAY  
City-St-Zip: NORTH PORT, FL 34287

Title: MRS.  
Name: MESQUITTA, SUZETTE  
Address: 28-18 PARROT STREET  
City-St-Zip: NORTH PORT, FL 34286

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: LINDA L. STONE

DR.

02/04/2011

Electronic Signature of Signing Officer or Director

Date