

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000003491

FILED
Mar 20, 2012
Secretary of State

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

Current Principal Place of Business:

6950 OUTREACH WAY
NORTH PORT, FL 34287

New Principal Place of Business:

Current Mailing Address:

2200 RINGLING BOULEVARD
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
13801 TAMIAMI TR STE D
NORTH PORT, FL 34287 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: 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

CEO

03/20/2012

Electronic Signature of Signing Officer or Director

Date