


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 18, 2007 8:00 am
Secretary of State

04-20-2007 90206 038 ****61.25

DOCUMENT # N06000006791			
1. Entity Name ORTHODOX CATHOLIC HEALTH CARE SERVICES, INC.			
Principal Place of Business 141 SW BROAD AVE. GREENVILLE, FL 32331		Mailing Address P.O. BOX 398 GREENVILLE, FL 32331	
2. Principal Place of Business - No P.O. Box # 125 SW Dade St.		3. Mailing Address <i>184 SW Orange</i> PO BOX 398	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Madison, Madison		City & State XXXXXXXXXX Madison	
Zip 32340		Zip 32331 32340 Madison	
Country		Country	
5. Certificate of Status Desired <input type="checkbox"/>		8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BARTHOLOMEW, CARL D BISHOP 1598 SW MAIN ST. GREENVILLE, FL 32331		7. Name and Address of New Registered Agent Name Bartholomew, Carl D Bishop Street Address (P.O. Box Number is Not Acceptable) 184 SW Orange Ave. City Madison FL Zip Code 32340	
8. 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE <i>[Signature]</i>		DATE 4/14/07	
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC. PAYNE, T. J. SSB PO BOX 398 GREENVILLE, FL 32331 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GEIS, ROBERT J SSB PO BOX 1251 VALLEY STREAM, NY 11582 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition VP ANGEL M. THOMPSON 653 Samson SARASOTA, FL 34231
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES FORBES, W. FRANCIS SR. 238 OVERBY DR. ANTIOCH, TN 37013 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition VP Forbes, W. Francis Sr. 238 Overby Dr. Antioch, TN 37013
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREA BARTHOLOMEW, CARL D SSB PO BOX 397 GREENVILLE, FL 32331 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition President/Sec. Bartholomew, Carl SSB 84 SW Orange Ave. Madison, FL 32340
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Director John Dietz 132 Marine Dr. Amhurst, NY 14228
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Director Marrisa Dietz 132 Marine Dr. Amhurst, NY 14228
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <i>[Signature]</i>		Date: 4/14/07	

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