## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N06000008661

FILED Feb 06, 2007 Secretary of State

Entity Name: COMMUNITY HEALTH PLAN FOUNDATION, INC.

Current P	rincipal Place	of Business:	New Principal Plac	e of Business:
	ALLANDALE E	BEACH BLVD		
SUITE 302 PEMBROK	? KE PINES, FL	33009		
	lailing Addres		New Mailing Addre	ss:
3001 W. ⊢	ALLANDALE E	BEACH BLVD		
SUITE 302 PEMBROK	? KE PINES, FL	33009		
	: 20-5388740	FEI Number Applied For()	FEI Number Not Applicable ( )	Certificate of Status Desired ( )
Name and	Address of C	Current Registered Agent:	Name and Address	of New Registered Agent:
CHUSID I	HOWARD			
3001 W. H	ALLANDALE E	BEACH BLVD		
SUITE 302 PEMBROK	? KE PARK, FL:	33009 US		
	named entity :	submits this statement for the p	ourpose of changing its register	red office or registered agent, or both,
SIGNATUI	RE:			
SIGNATUI		nic Signature of Registered Ago	ent	Date
SIGNATUI				Date GES TO OFFICERS AND DIRECTOR
OFFICER	Electron			
<b>DFFICER</b> : itle: lame:	Electron S AND DIREC PRES ( ) CHUSID, HOW	TORS:  Delete  ARD	ADDITIONS/CHANG Title: Name:	SES TO OFFICERS AND DIRECTOR
OFFICER: Title: Jame: Address:	Electron S AND DIREC PRES ( ) CHUSID, HOW	TORS:  Delete  ARD  NDALE BEACH BLVD #302	ADDITIONS/CHANG	SES TO OFFICERS AND DIRECTOR
DFFICER: Title: lame: kddress: City-St-Zip:	Electron  S AND DIREC  PRES ( CHUSID, HOW, 3001 W HALLA PEMBROKE PA	TORS:  Delete  ARD  NDALE BEACH BLVD #302  ARK, FL 33009	ADDITIONS/CHANG Title: Name: Address:	SES TO OFFICERS AND DIRECTOR
DFFICER: ittle: lame: .ddress: bity-St-Zip: ittle: lame:	Electron  S AND DIREC  PRES ( CHUSID, HOW, 3001 W HALLA PEMBROKE PA  TRES ( IRIBAR, MANU	TORS:  Delete ARD NDALE BEACH BLVD #302 ARK, FL 33009  Delete EL	ADDITIONS/CHANG  Title: Name: Address: City-St-Zip:  Title: Name:	GES TO OFFICERS AND DIRECTOR  ( ) Change ( ) Addition
DFFICER: itle: lame: .ddress: city-St-Zip: itle: lame: .ddress:	Electron  S AND DIREC  PRES ( CHUSID, HOW, 3001 W HALLA PEMBROKE PA	TORS:  Delete ARD NDALE BEACH BLVD #302 ARK, FL 33009  Delete EL OOD BLVD	ADDITIONS/CHANG Title: Name: Address: City-St-Zip: Title:	GES TO OFFICERS AND DIRECTOR  ( ) Change ( ) Addition
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I hereby certify that the information supplied with this filing does not qualify for the 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: HOWARD CHUSID D 02/06/2007