2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000009805

FILED Jaņ 06, 2<u>01</u>0 Secretary of State

Entity Name: BAKER COMMUNITY HEALTH CENTER, INC.

Current Principal Place of Business: New Principal Place of Business:

159 N. 3RD ST

MACCLENNY, FL 32063

Current Mailing Address: New Mailing Address:

PO BOX 484

MACCLENNY, FL 32063

FEI Number: 20-5672300 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

BUCHANAN, JOHN DJR HENRY BUCHANAN HUDSON SUBER & CARTER, P.A. 2508 BARRINGTON CIRCLE TALLAHASSEE, FL 32308 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:

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

WILSON, CHARLES Name: Address: 752 GRIFFINS CIR City-St-Zip: MACCLENNY, FL 32063

Title:

Name: RAULERSON, SHERRIE Address:

159 N. 3RD ST

City-St-Zip: MACCLENNY, FL 32063

Title:

BLAKLEY, TONNIE Name: Address: 230 N. BLVD E. City-St-Zip: MACCLENNY, FL 32063

Title:

Name: DOPSON, GARY Address: 159 N. 3RD ST

MACCLENNY, FL 32063 City-St-Zip:

Title:

KENNEDY, STEVE Name: Address: RT 1 BOX 519 MACCLENNY, FL 32063 City-St-Zip:

Title:

BARTON, PAULA Name: Address: 159 N. 3RD ST

MACCLENNY, FL 32063 City-St-Zip:

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: DENNIS R MARKOS CEO 01/06/2010