

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000011345

FILED
Apr 27, 2007
Secretary of State

Entity Name: COMMUNITY HEALTH CENTERS OF POLK COUNTY, INC.

Current Principal Place of Business:

1143 STATE ROAD 60 EAST
LAKE WALES, FL 33853

New Principal Place of Business:

Current Mailing Address:

1143 STATE ROAD 60 EAST
LAKE WALES, FL 33853

New Mailing Address:

FEI Number: 20-5824980

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PRESLEY, MICHAEL R ESQ
1143 STATE ROAD 60 EAST
LAKE WALES, FL 33853 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: D () Delete
Name: YUNGMAN, MICHAEL
Address: 1191 SCRUBJAY TRAIL
City-St-Zip: FROSTPROOF, FL 33843

Title: D () Delete
Name: BARUNSTEIN, COLLETTE
Address: 749 STATE ROAD 60 EAST
City-St-Zip: LAKE WALES, FL 33853

Title: D () Delete
Name: MARBUTT, BRIAN
Address: 1078 COUNTY LAKE CIRCLE
City-St-Zip: LAKE WALES, FL 33898

Title: D () Delete
Name: PATEL, JAYKIRTI
Address: 530 S SCENIC HWY
City-St-Zip: LAKE WALES, FL 33853

Title: D () Delete
Name: RADA-PLKINGTON, ERLINDA
Address: 3818 S SCENIC HWY
City-St-Zip: LAKE WALES, FL 33898

Title: D () Delete
Name: VEROZA, VINCENTE
Address: 4031 LAKE ASHTON CLUB DR
City-St-Zip: LAKE WALES, FL 33859

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: VINCENTE VEROZA

D

04/27/2007

Electronic Signature of Signing Officer or Director

Date