# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**May 20, 2009**
**Secretary of State**

DOCUMENT# N08000003306

**Entity Name:** PROVIDENCE COMMUNITY HEALTH CENTER, INC.

**Current Principal Place of Business:**

2299 ROCK DRIVE
KISSIMMEE, FL 34759

**New Principal Place of Business:**

**Current Mailing Address:**

2299 ROCK DRIVE
KISSIMMEE, FL 34759

**New Mailing Address:**

**FEI Number: 26-2329665** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
**In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.**

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

EDOUARD, BENITO
2299 ROCK DRIVE
KISSIMMEE, FL 34759 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: P ( ) Delete
Name: EDOUARD, BENITO
Address: 2299 ROCK DRIVE
City-St-Zip: KISSIMMEE, FL 34759

Title: V ( ) Delete
Name: NOEL, WILLY
Address: 2299 ROCK DRIVE
City-St-Zip: KISSIMMEE, FL 34759

Title: S ( ) Delete
Name: FLEURINOR, JEAN R
Address: 2299 ROCK DRIVE
City-St-Zip: KISSIMMEE, FL 34759

Title: AS T ( ) Delete
Name: EDOUARD, GEORCINVIL
Address: 725 NORTH EAST 179 TERRACE
City-St-Zip: MIAMI BEACH, FL 33162

Title: AS S ( ) Delete
Name: NOEL, IRENE
Address: 2299 ROCK DRIVE
City-St-Zip: KISSIMMEE, FL 34759

**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:

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: WILLY NOEL VP 05/20/2009

Electronic Signature of Signing Officer or Director — Date