

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000003306

FILED
Apr 03, 2012
Secretary of State

Entity Name: PROVIDENCE COMMUNITY HEALTH CENTER, INC.

Current Principal Place of Business:

4141 US HWY 27 N
SUITE# 7
SEBRING, FL 33870

New Principal Place of Business:

Current Mailing Address:

4141 US HWY. 27 N.
SUITE # 7
SEBRING, FL 33870

New Mailing Address:

201 HILDA STREET KISSIMMEE
SUITE # 21
KISSIMMEE, FL 34741

FEI Number: 26-2329665

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

EDOUARD, BENITO
4141 US HWY. 27 N.
SUITE# 7
SEBRING, FL 33870 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
Name: EDOUARD, BENITO
Address: 4141 US HWY. 27 N.
City-St-Zip: SEBRING, FL 33870

Title: V
Name: NOEL, WILLY
Address: 4141 US HWY. 27 N.
City-St-Zip: SEBRING, FL 33870

Title: S
Name: FLEURINOR, JEAN R
Address: 4141 US HWY. 27 N.
City-St-Zip: SEBRING, FL 33870

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

Title: AS S
Name: NOEL, IRENE
Address: 4141 US HWY. 27 N.
City-St-Zip: SEBRING, FL 33870

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: WILLY NOEL

V

04/03/2012

Electronic Signature of Signing Officer or Director

Date