

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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FILED
Mar 01, 2011
Secretary of State

Entity Name: HOLMES COMMUNITY HEALTH CENTER INC.

Current Principal Place of Business:

603 SCENIC CIRCLE
BONIFAY, FL 32425

New Principal Place of Business:

Current Mailing Address:

603 SCENIC CIRCLE
BONIFAY, FL 32425

New Mailing Address:

FEI Number: 59-3502843

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

JOHNSON, RODNEY M
1295 WEST FAIRFIELD DRIVE
PENSACOLA, FL 32501 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: MRS.
Name: FREEMAN, BLONDELL C
Address: 4365 DAVIS ROAD
City-St-Zip: CARYVILLE, FL 32427 US

Title: MR.
Name: VALLEJOS, MOISES VC
Address: 175 JERNIGAN AVENUE
City-St-Zip: BONIFAY, FL 32425 US

Title: MRS.
Name: PONDS, LORA S
Address: 3003 GRIFFIN DRIVE
City-St-Zip: BONIFAY, FL 32425 US

Title: MR.
Name: REICHERT, OLIVER T
Address: 3456 PEAR TREE LANE
City-St-Zip: BONIFAY, FL 32425 US

Title: MR.
Name: THOMAS, RAYMON
Address: 2429 BROOKS DRIVE
City-St-Zip: BONIFAY, FL 32425 US

Title: MRS.
Name: KOLMETZ, DEBBIE
Address: 2855 HOLLY ROAD
City-St-Zip: PONCE DE LEON, FL 32455 US

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: BONDELL FREEMAN

C

03/01/2011

Electronic Signature of Signing Officer or Director

Date