

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N10000010046

**FILED**  
**Apr 25, 2011**  
**Secretary of State**

**Entity Name:** CHARLOTTE COMMUNITY HEALTH, INC.

**Current Principal Place of Business:**

1100 LOVELAND BOULEVARD  
PORT CHARLOTTE, FL 33980

**New Principal Place of Business:**

**Current Mailing Address:**

1100 LOVELAND BOULEVARD  
PORT CHARLOTTE, FL 33980

**New Mailing Address:**

**FEI Number:** 59-3502843

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BEBEE, LARRY G  
1100 LOVELAND BOULEVARD  
PORT CHARLOTTE, FL 33980 US

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

BURNS, MARY KAY  
1100 LOVELAND BOULEVARD  
PORT CHARLOTTE, FL 33980 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: MARY KAY BURNS

04/25/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: CHR  
Name: D'AGOSTINO, VICKIE  
Address: 1100 LOVELAND BOULEVARD  
City-St-Zip: PORT CHARLOTTE, FL 33980 US

Title: VCH  
Name: BENNETT, LINDA  
Address: 1100 LOVELAND BOULEVARD  
City-St-Zip: PORT CHARLOTTE, FL 33980 US

Title: TRS  
Name: JOHNSTON, DAVID  
Address: 1100 LOVELAND BOULEVARD  
City-St-Zip: PORT CHARLOTTE, FL 33980 US

Title: SEC  
Name: VARGAS-SILVA, JEANETTE  
Address: 1100 LOVELAND BOULEVARD  
City-St-Zip: PORT CHARLOTTE, FL 33980 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: VICKIE D'AGOSTINO

CHR

04/25/2011

Electronic Signature of Signing Officer or Director

Date