

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11000011261

FILED
Feb 14, 2012
Secretary of State

Entity Name: FORT WHITE COMMUNITY HEALTH CARE SERVICES, INC.

Current Principal Place of Business:

1494 SW SPRUCE RD
FORT WHITE, FL 32038

New Principal Place of Business:

Current Mailing Address:

1494 SW SPRUCE RD
FORT WHITE, FL 32038

New Mailing Address:

FEI Number: 45-4023750

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

POTEAT, P
1494 SW SPRUCE RD
FORT WHITE, FL 32038 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: EXE
Name: BRIGGS, T
Address: 9200 NW 39TH AVE #130
City-St-Zip: GAINESVILLE, FL 32606

Title: CO-D
Name: HART, YVONNE
Address: 247 SW PAISLEY CT
City-St-Zip: FORT WHITE, FL 32038

Title: CO-D
Name: RATCLIFF, JENNIFER
Address: 9200 NW 39TH AVE #130
City-St-Zip: GAINESVILLE, FL 32606

Title: CO-D
Name: FEAGLE, COURTNEY
Address: 16232 SW 37TH DRIVE
City-St-Zip: WELLBORN, FL 32094

Title: CO-D
Name: POTEAT, P
Address: 1494 SW SPRUCE RD
City-St-Zip: FORT WHITE, FL 32038

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: T BRIGGS

EXE

02/14/2012

Electronic Signature of Signing Officer or Director

Date