


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 28, 2006 8:00 am
Secretary of State

03-28-2006 90258 001 ***183.75

DOCUMENT # N13443	
1. Entity Name	
CENTRAL FLORIDA HEALTH CARE DEVELOPMENT CORPORATION	

Principal Place of Business	Mailing Address
CORPORATE OFFICE 600 E. DIXIE AVE. LEESBURG FL 34748	CORPORATE OFFICE 600 E. DIXIE AVE. LEESBURG FL 34748

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number **59-2635190** **Applied For**
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

CAUTHERN, WILLIAM H ESQ
215 NORTH JOANN AVE
TAVARES FL 32778

7. Name and Address of New Registered Agent

Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ **DATE** _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reissuing)

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	C <input type="checkbox"/> Delete
NAME	BINNEVELD, WILLIAM J
STREET ADDRESS	2122 PARK HOLLAND ROAD
CITY-ST-ZIP	LEESBURG FL 34748
TITLE	VC <input checked="" type="checkbox"/> Delete
NAME	HARDY, JAMES M
STREET ADDRESS	601 E DIXIE AVE PLAZA 901
CITY-ST-ZIP	LEESBURG FL 34748
TITLE	S <input type="checkbox"/> Delete
NAME	BELIVEAU, GREGORY A
STREET ADDRESS	2001 OLD US HWY 441 SUITE 1
CITY-ST-ZIP	MOUNT DORA FL 32757
TITLE	PCOO <input checked="" type="checkbox"/> Delete
NAME	WOOTEN, RICHARD L
STREET ADDRESS	600 E DIXIE AVENUE
CITY-ST-ZIP	LEESBURG FL 34748
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	VC <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	David L. Sustarsic, M.D.
STREET ADDRESS	601 E. Dixie Ave., Plaza 805
CITY-ST-ZIP	Leesburg, FL 34748
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	PCEO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Louis H. Bremer, Jr.
STREET ADDRESS	600 East Dixie Ave.
CITY-ST-ZIP	Leesburg, FL 34748
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	Assist Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Dale E. Hocking, CPA
STREET ADDRESS	600 East Dixie Avenue
CITY-ST-ZIP	Leesburg, Florida 34748

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 19, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: 

3/13/06