

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N13443

FILED  
Feb 22, 2007  
Secretary of State

**Entity Name:** CENTRAL FLORIDA HEALTH CARE DEVELOPMENT CORPORATION

**Current Principal Place of Business:**

CORPORATE OFFICE  
600 E. DIXIE AVE.  
LEESBURG, FL 34748

**New Principal Place of Business:**

**Current Mailing Address:**

CORPORATE OFFICE  
600 E. DIXIE AVE.  
LEESBURG, FL 34748

**New Mailing Address:**

**FEI Number:** 59-2635190

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

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

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

BRAUN, PHILLIP ESQ  
600 EAST DIXIE AVENUE  
LEESBURG, FL 34748 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: PHILLIP BRAUN

02/22/2007

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: C ( ) Delete  
Name: BINNEVELD, WILLIAM J  
Address: 2122 PARK HOLLAND ROAD  
City-St-Zip: LEESBURG, FL 34748

Title: VC ( ) Delete  
Name: SUSTARSIE, DAVID L MD  
Address: 601 E DIXIE AVE PLAZA 805  
City-St-Zip: LEESBURG, FL 34748

Title: S ( ) Delete  
Name: BELIVEAU, GREGORY A  
Address: 2001 OLD US HWY 441 SUITE 1  
City-St-Zip: MOUNT DORA, FL 32757

Title: PCEO ( ) Delete  
Name: BREMER, LOUIS H JR  
Address: 600 E DIXIE AVE  
City-St-Zip: LEESBURG, FL 34748

Title: AS ( ) Delete  
Name: HOCKING, DALE E CPA  
Address: 600 E DIXIE AVE  
City-St-Zip: LEESBURG, FL 34748

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: S (X) Change ( ) Addition  
Name: BRANDEBURG, JOHN  
Address: 39524 WOODGATE LANE  
City-St-Zip: LADY LAKE, FL 32159

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: T ( ) Change (X) Addition  
Name: BRANDEBURG, JOHN  
Address: 39524 WOODGATE LANE  
City-St-Zip: LADY LAKE, FL 32159

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: DALE E. HOCKING, CPA

AS

02/22/2007

Electronic Signature of Signing Officer or Director

Date