

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N16543

FILED
Mar 20, 2012
Secretary of State

Entity Name: COMMUNITY HEALTH CORPORATION

Current Principal Place of Business:

1700 S. TAMIAMI TRAIL
SARASOTA, FL 34239 US

New Principal Place of Business:

Current Mailing Address:

C/O J. HUGH MIDDLEBROOKS
200 S. ORANGE AVE.
SARASOTA, FL 34236 US

New Mailing Address:

FEI Number: 59-2716436 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

CROSS STREET CORPORATE SERVICES, LLC
200 SOUTH ORANGE AVE.
SARASOTA, FL 34236 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: DC
Name: BAUMANN, CHARLES R
Address: 1700 S. TAMIAMI TRAIL
City-St-Zip: SARASOTA, FL 34239

Title: DST
Name: MERRITT, RICHARD
Address: 1700 S. TAMIAMI TRAIL
City-St-Zip: SARASOTA, FL 34239

Title: DP
Name: MACKENZIE, GWEN M
Address: 1700 S. TAMIAMI TRAIL
City-St-Zip: SARASOTA, FL 34239 US

Title: D
Name: TOLLERTON, JAMES
Address: 1700 S. TAMIAMI TRAIL
City-St-Zip: SARASOTA, FL 34239

Title: D
Name: THOMPSON, LARRY R
Address: 1700 S. TAMIAMI TRAIL
City-St-Zip: SARASOTA, FL 34239

Title: D
Name: WISE, MARGARET
Address: 1700 S. TAMIAMI TRAIL
City-St-Zip: SARASOTA, FL 34239

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: GWEN M. MACKENZIE

DP

03/20/2012

_____ Electronic Signature of Signing Officer or Director

_____ Date