

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 30 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N18955 (7)

1. Corporation Name

COMMUNITY HEALTH ALLIANCE, INC.

Principal Place of Business

14540 CORTEZ BLVD.  
BROOKSVILLE FL 34605-0037

Mailing Address

14540 CORTEZ BLVD.  
BROOKSVILLE FL 34613-80563. Date Incorporated or Qualified  
01/27/19873a. Date of Last Report  
03/07/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City &amp; State

23 Zip

Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City &amp; State

28 Zip

Country

29

30

4. FEI Number  
59-2764681Applied For  
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution\$5.00 May Be  
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DOLINER, NATHANIEL L.  
ONE HARBOUR PLACE  
5TH FLOOR  
TAMPA FL 33602

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature: Typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DC  
NAME BEAGLE, H. DEAN  
STREET ADDRESS 24124 WESTMINSTER COURT  
CITY - ST - ZIP BROOKSVILLE FL 346011.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY - ST - ZIPTITLE D  
NAME DANIEL, DEBBIE  
STREET ADDRESS 621 W JEFFERSON AVENUE  
CITY - ST - ZIP BROOKSVILLE FL 346012.1 TITLE P  
2.2 NAME Thomas D. Barb  
2.3 STREET ADDRESS 3303 Flamingo Boulevard  
2.4 CITY - ST - ZIP Spring Hill, FL 34607TITLE D  
NAME DANIEL, DEBBIE  
STREET ADDRESS 808 BUENA VISTA AVE  
CITY - ST - ZIP BROOKSVILLE FL3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY - ST - ZIPTITLE D  
NAME GONZALEZ, SONIA  
STREET ADDRESS 18621 HOLDEN DR  
CITY - ST - ZIP SPRING HILL FL4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY - ST - ZIPTITLE D  
NAME SPRINGSTEAD, RICHARD W.  
STREET ADDRESS 33 PONCE DE LEON BLVD  
CITY - ST - ZIP BROOKSVILLE FL5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIPTITLE D  
NAME FERGUSON, BERNADETTE  
STREET ADDRESS 5354 TANNER ROAD  
CITY - ST - ZIP SPRING HILL FL6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: SIGNATURE REQUIRED Barb, President

(352)596-1130

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0066608

CR2E037 (9/96)