

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000002749

FILED
Jan 06, 2010
Secretary of State

Entity Name: COMMUNITY HEALTH CHARITIES OF FLORIDA, INC.

Current Principal Place of Business:

3333 W PENSACOLA ST.
STE 240, BLDG 200
TALLAHASSEE, FL 32304 US

New Principal Place of Business:

Current Mailing Address:

3333 W PENSACOLA ST.
STE 240, BLDG 200
TALLAHASSEE, FL 32304 US

New Mailing Address:

FEI Number: 59-3218006

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

COOPER, GWEN
3297 SMITH CREEK RD
SOPCHOPPY, FL 32358 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: B.CH
Name: HAMER, BUNNY MS
Address: 4185 W. LAKE MARY BLVD. #169
City-St-Zip: LAKE MARY, FL 32746 US

Title: V.CH
Name: REDDICK, FRANK MR
Address: 3402 N. 22ND ST.
City-St-Zip: TAMPA, FL 33680 US

Title: S
Name: CHARLTON, RONALD DR
Address: 8221 HIDDEN LAKE DRIVE NORTH
City-St-Zip: JACKSONVILLE, FL 32216 US

Title: TR
Name: KOURT, ED MR.
Address: 7844 EXETER BLVD. EAST
City-St-Zip: TAMARAC, FL 33321 US

Title: MAL
Name: PRESTIPINO, DANIELLE MS.
Address: 14499 NORTH DALE MABRY HWY #260S
City-St-Zip: TAMPA, FL 33618 US

Title: CEO
Name: COOPER, MS. GWEN
Address: 3333 W PENSACOLA ST SUITE 240
City-St-Zip: TALLAHASSEE, FL 32304

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 COOPER

CEO

01/06/2010

Electronic Signature of Signing Officer or Director

Date