


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 13, 2005 8:00 am
Secretary of State

06-13-2005 90006 048 ****61.25

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|---|---|
| DOCUMENT # N96000006191 |  |
| 1. Entity Name COMMUNITY HEALTHCARE/CENTERONE, INC. | |

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|--|--|
| Principal Place of Business 2817 E. OAKLAND PARK BLVD. SUITE 200 FT. LAUDERDALE, FL 33306 | Mailing Address 2817 E. OAKLAND PARK BLVD. SUITE 200 FT. LAUDERDALE, FL 33306 |
|--|--|

50053653

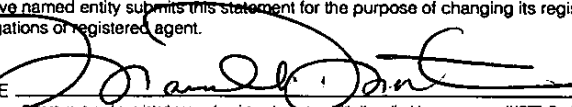


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|--------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country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

05242005 Chg-NP CR2E037 (10/03)

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|---|--|---|--|
| 6. Name and Address of Current Registered Agent MCNERNEY, MICHAEL J ESQ BRINKLEY, MCNERNEY, MORGAN, SOLOMON & TATU 200 EAST LAS OLAS BOULEVARD, SUITE 1800 FT. LAUDERDALE, FL 33301 | | 7. Name and Address of New Registered Agent Name MARCEL A. MARTIN Street Address (P.O. Box Number is Not Acceptable) 2817 E. OAKLAND PARK BLVD SUITE 200 City FL LAUDERDALE FL Zip Code 33306 | |
|---|--|---|--|

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  **MARCEL A. MARTIN** **EXECUTIVE DIRECTOR**
(NOTE: Registered Agent signature required when reinstating) DATE **5/24/05**

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|---|--|--|
| Filing Fee is \$61.25 Due by September 7, 2005 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | Make check payable to Florida Department of State |
|---|--|--|

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|--|---|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD STEINER, STEVEN <input type="checkbox"/> Delete 2817 E OAKLAND PARK BLVD., STE. 302 FT LAUDERDALE, FL 33306 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition SEE ATTACHED |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D LIVOTI, ANTHONY JR <input checked="" type="checkbox"/> Delete 2817 E. OAKLAND PARK BLVD., SUITE 302 FT. LAUDERDALE, FL 33306 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | STD MEEKINS, RICHARD <input checked="" type="checkbox"/> Delete 2817 E OAKLAND PARK BLVD., STE. 302 FT LAUDERDALE, FL 33306 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D LEMBARK, STEVEN <input checked="" type="checkbox"/> Delete 2817 E. OAKLAND PARK BLVD., SUITE 302 FT. LAUDERDALE, FL 33306 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DT GROSSE, OLGA <input checked="" type="checkbox"/> Delete 2817 E. OAKLAND PARK BLVD. STE 302 FORT LAUDERDALE, FL 33306 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | O PARKS, MICHAEL <input checked="" type="checkbox"/> Delete 2817 E. OAKLAND PARK BLVD. #302 FORT LAUDERDALE, FL 33306 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

12. I 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 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:  **Richard Meekins**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date **5-24-05** Daytime Phone # **954-439-2528**

ATTACHMENT
50053623

DOCUMENT #N96000006191
COMMUNITY HEALTHCARE/CENTERONE, INC.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

Title: S/V/D **Change**
Name: Meekins, Richard
Street Address: 2817 E. Oakland Park Blvd. #200
City-St-Zip: Ft. Lauderdale, FL 33306

Title: AT/D **Change**
Name: Lembark, Steve
Street Address: 2817 E. Oakland Park Blvd. #200
City-St-Zip: Ft. Lauderdale, FL 33306

Title: D **Addition**
Name: Jeudy-Rahill, Guitel
Street Address: 2817 E. Oakland Park Blvd. #200
City-St-Zip: Ft. Lauderdale, FL 33306

Title: D **Addition**
Name: Koss, Thomas
Street Address: 2817 E. Oakland Park Blvd. #200
City-St-Zip: Ft. Lauderdale, FL 33306

Title: D **Addition**
Name: Roderick, Roy
Street Address: 2817 E. Oakland Park Blvd. #200
City-St-Zip: Ft. Lauderdale, FL 33306

Title: D **Change**
Name: Livoti, Anthony, Jr.
Street Address: 2817 E. Oakland Park Blvd. #200
City-St-Zip: Ft. Lauderdale, FL 33306