

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000003442

FILED
Apr 04, 2010
Secretary of State

Entity Name: COMMUNITY HEALTH EDUCATION ALLIANCE, INC.

Current Principal Place of Business:

401 N.E. 1ST STREET
POMPANO BEACH, FL 33060

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 2044
POMPANO BEACH, FL 330612044

New Mailing Address:

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HAMILTON, EDWIN H
401 N.E. 1ST STREET
POMPANO BEACH, FL 33060 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: P
Name: HAMILTON, EDWIN H
Address: 401 NE 1ST ST
City-St-Zip: POMPANO BEACH, FL 33060

Title: D
Name: HAMILTON, MARY F
Address: 1201 NW 75TH TERR
City-St-Zip: PLANTATION, FL 33313

Title: D
Name: HAMILTON, EDWINA F
Address: 1201 NW 75TH TERR
City-St-Zip: PLANTATION, FL 33313

Title: D
Name: PETERSON, CYNTHIA S
Address: 5101 NW 21 AVENUE, STE 440
City-St-Zip: FT LAUDERDALE, FL 33309

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: EDWIN H. HAMILTON, M.D.

PRES

04/04/2010

Electronic Signature of Signing Officer or Director

Date