

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N98000003442

**FILED**  
**Apr 27, 2012**  
**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:** 65-0870856

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**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: PRES  
Name: HAMILTON, EDWIN H  
Address: 401 NE 1ST ST  
City-St-Zip: POMPANO BEACH, FL 33060

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

Title: DIR  
Name: HAMILTON, EDWINA F  
Address: 948 SW 49TH TERRACE  
City-St-Zip: PLANTATION, FL 33317

Title: SEC  
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

04/27/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date