


FILE NOW: FILING FEE IS \$61.25

FILED
Apr 22, 1999 8:00 am
Secretary of State

04-22-1999 90132 030 ****70.00

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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N98000003958					
1. Corporation Name COMMUNITY CARE HEALTH SERVICES, INC.					
Principal Place of Business 347 N. HWY. 27 CLERMONT FL 34711			Mailing Address 347 N. HWY. 27 CLERMONT FL 34711		



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	07/06/1998	
22	City & State	27	City & State	4. FEI Number	
23	Zip	28	Zip	59-3530889	
24	Country	29	Country	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
BADARNI, CAROLE J 347 N. HWY. 27 CLERMONT FL 34711				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				85 Zip Code			
				FL			

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]* (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	PI	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	BADARNI, CAROLE J			1.2 NAME	Robert Porter		
STREET ADDRESS	10501 N. CRESCENT LANE			1.3 STREET ADDRESS	8501 Pine Island Rd		
CITY-ST-ZIP	CLERMONT FL 32711			1.4 CITY-ST-ZIP	Clermont, FL 34711		
TITLE	VD	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	VD	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	BYRD, JULIANE			2.2 NAME	Nancy Lamb		
STREET ADDRESS	11812 OSPREY PT. BLVD.			2.3 STREET ADDRESS	381 E. Minnehaha Ave		
CITY-ST-ZIP	CLERMONT FL 34711			2.4 CITY-ST-ZIP	Clermont, FL 34711		
TITLE	SD	<input checked="" type="checkbox"/> DELETE		3.1 TITLE	SD	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	FORBES-THORNE, NATASHA			3.2 NAME	Carol Colvin		
STREET ADDRESS	17732 DEER ISLE CIR.			3.3 STREET ADDRESS	13815 Katherine Circle		
CITY-ST-ZIP	WINTER GARDEN FL 34740			3.4 CITY-ST-ZIP	Clermont, FL 34711		
TITLE	TD	<input checked="" type="checkbox"/> DELETE		4.1 TITLE	TD	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	BADARNI, JAMAL M			4.2 NAME	Tony Hardy		
STREET ADDRESS	10501 N. CRESCENT LANE			4.3 STREET ADDRESS	1047 Parkwood Ave		
CITY-ST-ZIP	CLERMONT FL 34711			4.4 CITY-ST-ZIP	Groveland, FL		
TITLE	D	<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WEAVER, DONALD G			5.2 NAME			
STREET ADDRESS	13045 SUNSHINE VIE CT.			5.3 STREET ADDRESS			
CITY-ST-ZIP	CLERMONT FL 34711			5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

14. 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 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, with all other like empowered.

SIGNATURE: *[Signature]* **SIGNATURE REQUIRED**

4.14.99

Date

Daytime Phone #

CR2E037 (11/98)