

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 23, 2004 8:00 am
Secretary of State

06-23-2004 90001 046 ****61.25

DOCUMENT # N98000003958

1. Entity Name
COMMUNITY CARE HEALTH SERVICES, INC.



Principal Place of Business
131 CHESTNUT STREET
CLERMONT, FL 34711

Mailing Address
131 CHESTNUT STREET
CLERMONT, FL 34711

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

06182004

Chg-NP

CR2E037 (10/03)

4. FEI Number
59-3530889

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BADARNI, CAROLE J
235 W. HWY 50
CLERMONT, FL 34711

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by September 8, 2004

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TD
KNESER, BRIAN
15333 CR 455
MONTVERDE, FL 34756 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
WEAVER, DONALD
10830 CRESCENT LANE
CLERMONT, FL 34711 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
BROWN, SUE
1099 CITRUS TOWER BLVD
CLERMONT, FL 34711 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
BROWN, SUE
1099 CITRUS TOWER BLVD
CLERMONT, FL 34711 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
HUGHES, JOANNE
929 5TH STREET
CLERMONT, FL 34711 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
APPELBUCK, RHODA
8761 EVERSOLT DRIVE
CLERMONT, FL 34711 ☒ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Dennis Horton Director ☐ Change ☒ Addition
900 W. Hwy 50
Clermont, FL 34711

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Director
Terri Wainwright
518 Summerwood Dr.
Clermont, FL 34711 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Secretary
Nick Jones
1322 Bowman Street
Clermont, FL 34711 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Vice President
Paul Boylan
12304 Warren Rd
Clermont, FL 34711 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Director
Richard Bell
1139 W. Lakeshore Dr.
Clermont, FL 34711 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Director
Betty O. Camillo
1713 Sunset Drive
Clermont, FL 34711 ☐ Change ☒ 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 H. Bell
SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR

6/19/04

Date

352-394-3175

Daytime Phone #

Richard H. Bell