

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90228 013 ****61.25

DOCUMENT # N98000003958

1. Entity Name
COMMUNITY CARE HEALTH SERVICES, INC.



Principal Place of Business
**236 CHESTNUT STREET
CLERMONT, FL 34711**

Mailing Address
**235 WEST HWY 50
CLERMONT, FL 34711**

60033664



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04272006 Chg-NP CR2E037 (4/06)

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

Carole J. Badarni

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

(NOTE: Registered Agent signature required when reinstating)

4/28/06

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

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	TD	<input checked="" type="checkbox"/> Delete
NAME	KNESER, BRIAN	
STREET ADDRESS	15333 CR 455	
CITY-ST-ZIP	MONTVERDE, FL 34756	
TITLE	D	<input type="checkbox"/> Delete
NAME	WEAVER, DONALD	
STREET ADDRESS	10830 CRESCENT LANE	
CITY-ST-ZIP	CLERMONT, FL 34711	
TITLE	D	<input type="checkbox"/> Delete
NAME	HORTON, DENNIS	
STREET ADDRESS	900 W HWY 50	
CITY-ST-ZIP	CLERMONT, FL 34711	
TITLE	D	<input type="checkbox"/> Delete
NAME	WAINWRIGHT, TERRI	
STREET ADDRESS	518 SUMMERWOOD DR	
CITY-ST-ZIP	CLERMONT, FL 34711	
TITLE	P	<input type="checkbox"/> Delete
NAME	JONES, NICK	
STREET ADDRESS	1322 BOWMEN STREET	
CITY-ST-ZIP	CLERMONT, FL 34711	
TITLE	VP	<input type="checkbox"/> Delete
NAME	SCHRAMM, CHRISTOPHER	
STREET ADDRESS	2580 E. HWY 50	
CITY-ST-ZIP	CLERMONT, FL 34711	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Beebe, Elizabeth	
STREET ADDRESS	1127 Magnolia	
CITY-ST-ZIP	Clermont, FL 34711	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

Elizabeth A. Beebe

4/28/06