


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 02, 2008 8:00 am
Secretary of State

06-02-2008 90005 032 ****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	
2. Principal Place of Business - No P.O. Box # <u>236 Chestnut Street</u>		3. Mailing Address <u>P.O. Box 189</u>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <u>Clermont, Fl.</u>		City & State <u>Minncola, Fl.</u>	
Zip <u>34711</u>	Country <u>Lake</u>	Zip <u>34755</u>	Country <u>Lake</u>
4. FEI Number 59-3530889		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$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 <u>Christopher C Schramm</u> Street Address (P.O. Box Number is Not Acceptable) <u>236 Chestnut Street</u> City <u>Clermont</u> FL Zip Code <u>34711</u>	
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 <u>Chris Schramm</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>		DATE <u>5/29/08</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
Filing Fee is \$61.25 Due by September 12, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BEEBE, ELIZABETH 1127 MAGNOLIA CLERMONT, FL 34711	<input checked="" type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WEAVER, DONALD 10830 CRESCENT LANE CLERMONT, FL 34711	<input checked="" type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HORTON, DENNIS 900 W HWY 50 CLERMONT, FL 34711	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WAINWRIGHT, TERRI 518 SUMMERWOOD DR CLERMONT, FL 34711	<input checked="" type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JONES, NICK 1322 BOWMEN STREET CLERMONT, FL 34711	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SCHRAMM, CHRISTOPHER 2580 E. HWY 50 CLERMONT, FL 34711	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Boylan, Paul J. 297 E. Hwy. 50 #4 Clermont, Fl. 34711	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Horton, Dennis 900 W. Hwy. 50 Clermont, Fl. 34711	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Ball, Richard 1139 W. Lakeshore Drive Clermont, Fl. 34711	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Jones, Nick 1322 Bowman Street Clermont, Fl. 34711	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Schramm, Christopher 2580 E. Hwy. 50 Clermont, Fl. 34711	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u>Chris Schramm</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		DATE <u>5/29/08</u> DAYTIME PHONE # <u>352.243.4413</u>	