2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2009
Secretary of State

DOCUMENT# N98000003958

Entity Name: COMMUNITY CARE HEALTH SERVICES, INC.

Current Principal Place of Business:

236 CHESTNUT STREET
CLERMONT, FL 34711

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 189
MINNEOLA, FL 34755

New Mailing Address:

FEI Number: 59-3530889 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SCHRAMM, CHRISTOPHER C
236 CHESTNUT ST
CLERMONT, FL 34711 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:	D	( ) Delete
Name:	BOYLAN, PAUL J	
Address:	297 E HWY 50 #4	
City-St-Zip:	CLERMONT, FL 34711	
Title:	S	( ) Delete
Name:	HORTON, DENNIS	
Address:	900 W HWY 50	
City-St-Zip:	CLERMONT, FL 34711	
Title:	VP	( ) Delete
Name:	BALL, RICHARD	
Address:	1139 W LAKESHORE DR	
City-St-Zip:	CLERMONT, FL 34711	
Title:	T	( ) Delete
Name:	JONES, NICK	
Address:	1322 BOWMEN ST	
City-St-Zip:	CLERMONT, FL 34711	
Title:	P	( ) Delete
Name:	SCHRAMM, CHRISTOPHER	
Address:	2580 E. HWY 50	
City-St-Zip:	CLERMONT, FL 34711	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: CHRISTOPHER C. SCHRAMM PRES 04/16/2009

Electronic Signature of Signing Officer or Director — Date