

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000003958

FILED
Apr 30, 2011
Secretary of State

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:

PO 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:

SCHRAMM, CHRISTOPHER C
873 SCENIC VIEW CIRCLE
MINNEOLA, FL 34715 US

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: CHRISTOPHER C. SCHRAMM

04/30/2011

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D
Name: BOYLAN, PAUL J
Address: 297 E HWY 50 #4
City-St-Zip: CLERMONT, FL 34711

Title: T
Name: HORTON, DENNIS
Address: 900 W HWY 50
City-St-Zip: CLERMONT, FL 34711

Title: S
Name: BELL, RICHARD
Address: 1139 W LAKESHORE DR
City-St-Zip: CLERMONT, FL 34711

Title: VP
Name: JONES, NICK
Address: 1322 BOWMEN ST
City-St-Zip: CLERMONT, FL 34711

Title: P
Name: SCHRAMM, CHRISTOPHER
Address: 2580 E. HWY 50
City-St-Zip: CLERMONT, FL 34711

I hereby 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 all other like empowered.

SIGNATURE: CHRISTOPHER SCHRAMM

P

04/30/2011

Electronic Signature of Signing Officer or Director

Date