

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000003958

FILED  
Apr 29, 2012  
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  
873 SCENIC VIEW CIRCLE  
MINNEOLA, FL 34715 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  
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: CHRIS SCHRAMM

PRES

04/29/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date