

FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Jun 22, 1999 8:00 am**  
**Secretary of State**

06-22-1999 90010 038 \*\*\*\*61.25

<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # N98000005204</b>			
1. Corporation Name <b>COMMUNITY PHA, INC.</b>			
Principal Place of Business 11274 West Hillsborough Avenue Tampa, Florida 33635		Mailing Address 11274 West Hillsborough Avenue Tampa, Florida 33635	



2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29		3. Date Incorporated or Qualified 9/11/98	
				4. FEI Number 59-3527242	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent F. Lane France, M.D. 11274 West Hillsborough Avenue Tampa, Florida 33635				10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code	
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE		Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)		DATE							
12. OFFICERS AND DIRECTORS						13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
TITLE		D/P/T		<input type="checkbox"/> DELETE		1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME		F. Lane France, M.D.				1.2 NAME					
STREET ADDRESS		11274 West Hillsborough Avenue				1.3 STREET ADDRESS					
CITY - ST - ZIP		Tampa, Florida 33635				1.4 CITY - ST - ZIP					
TITLE		D/V/S		<input type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME		Judith Page Liberman				2.2 NAME					
STREET ADDRESS		11274 West Hillsborough Avenue				2.3 STREET ADDRESS					
CITY - ST - ZIP		Tampa, Florida 33635				2.4 CITY - ST - ZIP					
TITLE		D		<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME		Richard Ferrelli				3.2 NAME					
STREET ADDRESS		11274 West Hillsborough Avenue				3.3 STREET ADDRESS					
CITY - ST - ZIP		Tampa, Florida 33635				3.4 CITY - ST - ZIP					
TITLE				<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME						4.2 NAME					
STREET ADDRESS						4.3 STREET ADDRESS					
CITY - ST - ZIP						4.4 CITY - ST - ZIP					
TITLE				<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME						5.2 NAME					
STREET ADDRESS						5.3 STREET ADDRESS					
CITY - ST - ZIP						5.4 CITY - ST - ZIP					
TITLE				<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME						6.2 NAME					
STREET ADDRESS						6.3 STREET ADDRESS					
CITY - ST - ZIP						6.4 CITY - ST - ZIP					

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** F. Lane France F. Lane France, M.D.  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #