## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000005204

Entity Name: COMMUNITY PHA, INC.

FILED Jan 19, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

11274 W. HILLSBOROUGH AVE. 4033 TAMPA ROAD TAMPA, FL 33635

SUITE 101

OLDSMAR, FL 34677 US

**Current Mailing Address:** New Mailing Address:

11274 W. HILLSBOROUGH AVE. 4033 TAMPA ROAD TAMPA, FL 33635

SUITE 101

OLDSMAR, FL 34677 US

FEI Number: 59-3527242 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

FRANCE, F. LANE M.D. KULEK-LUZEY, KARALEE M.D. 11274 W. HILLSBOROUGH AVE. 4033 TAMPA ROAD

TAMPA, FL 33635 SUITE 101

OLDSMAR, FL 34677 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: KARALEE KULEK-LUZEY, M.D. 01/19/2009

> Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

( ) Delete DPT (X) Change ( ) Addition FRANCE, F. LANE M.D. KULEK-LUZEY, KARALEE M.D. Name: Name: Address: 11274 W. HILLSBOROUGH AVE. Address: 4033 TAMPA ROAD, SUITE 101

City-St-Zip: TAMPA, FL 33635 City-St-Zip: OLDSMAR, FL 34677

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: MEREDITH GOODE MGR 01/19/2009