

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000005231

FILED  
Apr 09, 2007  
Secretary of State

**Entity Name:** COMMUNITY HEALTH CENTERS ALLIANCE, INC.

**Current Principal Place of Business:**

801 94TH AVENUE NORTH  
SUITE 201  
ST PETERSBURG, FL 33702

**New Principal Place of Business:**

**Current Mailing Address:**

801 94TH AVENUE NORTH  
SUITE 201  
ST PETERSBURG, FL 33702

**New Mailing Address:**

**FEI Number:** 59-3631620

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

DILLION, WILLIM P ESQ.  
117 SOUTH GADSDEN STREET  
TALLAHASSEE, FL 32302 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: P/D ( ) Delete  
Name: GADDIS, DIANE I  
Address: 801 94TH AVENUE NORTH  
City-St-Zip: ST. PETERSBURG, FL 33702

Title: C/D ( ) Delete  
Name: BROWN, EDWIN  
Address: 4450 S. TIFFANY DRIVE  
City-St-Zip: WEST PALM BEACH, FL 33407

Title: VC/D ( ) Delete  
Name: AKIN, RICHARD  
Address: 1454 MADISON AVENUE  
City-St-Zip: IMMOKALEE, FL 34142

Title: ST/D ( ) Delete  
Name: PRESHA, WALTER  
Address: 12214 US HWY 30  
City-St-Zip: PALMETTO, FL 34221

Title: D ( ) Delete  
Name: CAHILL, DENNIS  
Address: 2400 CR 415A  
City-St-Zip: SANFORD, FL 32771

Title: D ( ) Delete  
Name: GAYE, WILLIAMS  
Address: 950 CR 17A  
City-St-Zip: AVON PARK, FL 33825

**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:

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

I hereby certify that the information supplied with this filing does not qualify for the 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: DIANE GADDIS

P/D

04/09/2007

Electronic Signature of Signing Officer or Director

Date