

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2008 8:00 am
Secretary of State

04-14-2008 90032 021 ***150.00

DOCUMENT # P07000031959					
1. Entity Name COMMUNITY HEALTH NETWORK OF CENTRAL FLORIDA, INC.					
Principal Place of Business 951 N. WASHINGTON AVE. TITUSVILLE, FL 32796			Mailing Address 951 N. WASHINGTON AVE. TITUSVILLE, FL 32796		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 20-8639469	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required.				Applied For Not Applicable	
6. Name and Address of Current Registered Agent BOYLES, WILLIAM A 301 E. PINE ST., SUITE 1400 ORLANDO, FL 32801			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MANION, CHRISTOPHER 951 N. WASHINGTON AVE. TITUSVILLE, FL 32796		TITLE NAME STREET ADDRESS CITY-ST-ZIP	See attachment **	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD GUNSTEENS, DAVID 951 N. WASHINGTON AVE. TITUSVILLE, FL 32796		TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>Christopher Manion, MD</i> CHRISTOPHER MANION, MD. (321) 268-6111 x 8574					

ATTACHMENT

40067151

CONTINUATION PAGE ATTACHMENT

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11. ADDITIONS / CHANGES TO OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Frank Dienst, M.D. 951 N. Washington Ave. Titusville, FL 32796	<input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Mark Galfo, M.D. 951 N. Washington Ave. Titusville, FL 32796	<input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Biju Mathews, M.D. 951 N. Washington Ave. Titusville, FL 32796	<input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Steven Schwartz, M.D. 951 N. Washington Ave. Titusville, FL 32796	<input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Chris McAlpine 951 N. Washington Ave. Titusville, FL 32796	<input checked="" type="checkbox"/> Addition