

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000031959

FILED
Jan 06, 2011
Secretary of State

Entity Name: COMMUNITY HEALTH NETWORK OF CENTRAL FLORIDA, INC.

Current Principal Place of Business:

951 N. WASHINGTON AVE.
TITUSVILLE, FL 32796

New Principal Place of Business:

Current Mailing Address:

951 N. WASHINGTON AVE.
TITUSVILLE, FL 32796

New Mailing Address:

FEI Number: 20-8639469

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BOYLES, WILLIAM A
301 E. PINE ST., SUITE 1400
ORLANDO, FL 32801 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: PD
Name: MANION, CHRISTOPHER
Address: 951 N. WASHINGTON AVE.
City-St-Zip: TITUSVILLE, FL 32796

Title: STD
Name: MCALPINE, CHRISTOPHER
Address: 951 N. WASHINGTON AVE.
City-St-Zip: TITUSVILLE, FL 32796

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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: CHRISTOPHER MCALPINE

O/D

01/06/2011

Electronic Signature of Signing Officer or Director

Date