

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000105652

FILED  
Apr 28, 2009  
Secretary of State

Entity Name: COMMUNITY HEALTH CARE, CORP.

## Current Principal Place of Business:

339 PEBLE CT  
MINNEOLA, FL 34715

## New Principal Place of Business:

200 E. WASHINGTON ST  
SUITE B  
MINNEOLA, FL 34715

## Current Mailing Address:

339 PEBLE CT  
MINNEOLA, FL 34715

## New Mailing Address:

200 E. WASHINGTON ST  
SUITE B  
MINNEOLA, FL 34715

FEI Number: 30-0517400

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MARTIN, RUTH  
12641 SW 20 STREET  
MIRAMAR, FL 33027 US

## Name and Address of New Registered Agent:

HERRERA, ARISLEY  
339 PEBBLE CT  
MINNEOLA, FL 34715 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: ARISLEY HERRERA

04/28/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: MARTIN, RUTH  
Address: 339 PEBLE CT  
City-St-Zip: MINNEOLA, FL 34715

Title: VP ( ) Delete  
Name: HERRERA, ARISLEY  
Address: 339 PEBLE CT  
City-St-Zip: MINNEOLA, FL 34715

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

SIGNATURE: ARISLEY HERRERA

VP

04/28/2009

Electronic Signature of Signing Officer or Director

Date