


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

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FILED
Jun 09, 1999 8:00 am
Secretary of State

06-09-1999 90018 019 ***550.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000038581

1. Corporation Name
COMMUNITY HEALTH CARE SYSTEMS, INC.



Principal Place of Business 2301 LUCIEN WAY STE 440 MAITLAND FL 32751 US	Mailing Address 2301 LUCIEN WAY STE 440 MAITLAND FL 32751 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21	2a. Mailing Address 26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip Country	29 Zip Country
25	30

3. Date Incorporated or Qualified 05/15/1995	Applied For Not Applicable
4. FEI Number 59-3360512	
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
EVANS, DAVID L 225 E ROBINSON ST SUITE 600 ORLANDO FL 32801		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	FL
		85 Zip Code	

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE CD	<input type="checkbox"/> DELETE	1.1 TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME HILLENMEYER, JOHN		1.2 NAME Bozard, John W	
STREET ADDRESS 1414 KUHL AVE		1.3 STREET ADDRESS 1414 Kuhl Ave	
CITY-ST-ZIP ORLANDO FL		1.4 CITY-ST-ZIP Orlando, FL	
TITLE PD	<input type="checkbox"/> DELETE	2.1 TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BOZARD, JOHN W		2.2 NAME Hodges, Karl W.	
STREET ADDRESS 1414 KUHL AVE		2.3 STREET ADDRESS 1414 Kuhl Ave.	
CITY-ST-ZIP ORLANDO FL		2.4 CITY-ST-ZIP Orlando, FL	
TITLE TVD	<input type="checkbox"/> DELETE	3.1 TITLE SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME HODGES, KARL W		3.2 NAME Anton, Manuel P III	
STREET ADDRESS 1414 KUHL AVE		3.3 STREET ADDRESS 875 Cynthia Anna Circle	
CITY-ST-ZIP ORLANDO FL		3.4 CITY-ST-ZIP Altamonte Springs, FL	
TITLE VD	<input checked="" type="checkbox"/> DELETE	4.1 TITLE PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ANTON, III M	<i>listed twice</i>	4.2 NAME Harr, Stephan	
STREET ADDRESS 875 CYNTHIANNA CIRCLE		4.3 STREET ADDRESS 1414 Kuhl Ave	
CITY-ST-ZIP ALTAMONTE SPRINGS FL		4.4 CITY-ST-ZIP Orlando, FL	
TITLE D	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME ANTON, MANUEL P. III		5.2 NAME Kline, Suzanne C.	
STREET ADDRESS 875 CYNTHIANNA CIRCLE		5.3 STREET ADDRESS 2301 Lucien Way, Ste. 440	
CITY-ST-ZIP ALTAMONTE SPRINGS FL		5.4 CITY-ST-ZIP Maitland, FL	
TITLE D	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME STEPHENS, SAM M.D.		6.2 NAME	
STREET ADDRESS 2876 S OSCEOLA AVE		6.3 STREET ADDRESS	
CITY-ST-ZIP ORLANDO FL		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Stephan C. Harr* 430-99 481-7100
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)