


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

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	
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	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 25		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 30	
9. Name and Address of Current Registered Agent EVANS, DAVID L 225 E ROBINSON ST SUITE 600 ORLANDO FL 32801		10. Name and Address of New Registered Agent 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD HILLENMEYER, JOHN 1414 KUHLE AVE ORLANDO FL	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	D Bozard, John W 1414 Kuhl Ave Orlando, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BOZARD, JOHN W 1414 KUHLE AVE ORLANDO FL	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	D Hodges, Karl W. 1414 Kuhl Ave. Orlando, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TVD HODGES, KARL W 1414 KUHLE AVE ORLANDO FL	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	SD Anton, Manuel P III 875 Cynthia Circle Altamonte Springs, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ANTON, III M 875 CYNTHIANA CIRCLE ALTAMONTE SPRINGS FL	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	PD Harr, Stephan 1414 Kuhl Ave Orlando, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ANTON, MANUEL P. III 875 CYNTHIANA CIRCLE ALTAMONTE SPRINGS FL	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	Kline, Suzanne C. 2301 Lucien Way, Ste. 440 Maitland, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STEPHENS, SAM M.D. 2876 S OSCEOLA AVE ORLANDO FL	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

430-99 481-7100

CR2E034 (11/98)

0075556