


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 29, 2004 08:00 AM
Secretary of State

DOCUMENT # P96000060757 1. Entity Name COMMUNITY HEALTHCARE CENTER OF PENSACOLA, INC.	
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Principal Place of Business 6770 NORTH 9TH AVENUE PENSACOLA, FL 32504	Mailing Address 230 N. DIXIE HWY BAY 26-27 HOLLYWOOD, FL 33020
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01152004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3389677	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent LEIGHT, PAUL J 230 N. DIXIE HWY BAY 26-27 HOLLYWOOD, FL 33020

**DO NOT WRITE
IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD LEIGHT, PAUL 12000 BISCAYNE BLVD STE 509 NORTH MIAMI, FL 33181
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04/29/04-80167-007 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/27/04

954-342-5415