

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000060757

FILED
Jan 23, 2007
Secretary of State

Entity Name: COMMUNITY HEALTHCARE CENTER OF PENSACOLA, INC.

Current Principal Place of Business:

6770 NORTH 9TH AVENUE
PENSACOLA, FL 32504

New Principal Place of Business:

Current Mailing Address:

230 N. DIXIE HWY
BAY 26-27
HOLLYWOOD, FL 33020

New Mailing Address:

FEI Number: 59-3389677

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEIGHT, PAUL J
230 N. DIXIE HWY
BAY 26-27
HOLLYWOOD, FL 33020 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: LEIGHT, PAUL
Address: 230 NORTH DIXIE HWY. BAY 26-27
City-St-Zip: HOLLYWOOD, FL 33020

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: PAUL LEIGHT

PD

01/23/2007

Electronic Signature of Signing Officer or Director

Date