

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 736086

Entity Name: FLORIDA COMMUNITY HEALTH CENTERS, INC.**Current Principal Place of Business:**4450 S TIFFANY DRIVE
WEST PALM BEACH, FL 33407**Current Mailing Address:**4450 S TIFFANY DRIVE
WEST PALM BEACH, FL 33407 US**FEI Number:** 59-1671640**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**GERVASI, MICHAEL F.
4450 S TIFFANY DRIVE
WEST PALM BEACH, FL 33407 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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	CHAIRMAN
Name	TAYLOR, JANET
Address	P.O. BOX 764
City-State-Zip:	CLEWISTON FL 33440

Title	VC
Name	HART, VICTOR
Address	4635 34TH AVE
City-State-Zip:	VERO BEACH FL 32967

Title	PCEO
Name	GERVASI, MICHAEL F
Address	4450 S TIFFANY DRIVE
City-State-Zip:	W PALM BEACH FL 33407

Title	S
Name	NELSON, MARY
Address	PO BOX 1464 14745 SW 174TH COURT
City-State-Zip:	INDIANTOWN FL 34956

Title	DIRECTOR
Name	COTTON, KAREN
Address	3617 SW 17TH STREET
City-State-Zip:	OKEECHOBEE FL 34974

Title	TREASURER
Name	RUCKS, BRIAN
Address	15690 SW WARFIELD BLVD
City-State-Zip:	INDIANTOWN FL 34956

I hereby 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: MICHAEL F. GERVASI, DO**PRESIDENT AND CEO****03/11/2013**_____
Electronic Signature of Signing Officer/Director Detail_____
Date