

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 757774

Entity Name: THE FLORIDA ASSOCIATION OF COMMUNITY HEALTH CENTERS, INC.**Current Principal Place of Business:**2340 HANSEN LANE
TALLAHASSEE, FL 32301**Current Mailing Address:**2340 HANSEN LANE
TALLAHASSEE, FL 32301 US**FEI Number: 59-2559163****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**BEHRMAN, ANDREW R
2340 HANSEN LANE
TALLAHASSEE, FL 32301 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	DIRECTOR, /CHAIRMAN
Name	RIELS, ANITA
Address	911 SOUTH MAIN STREET
City-State-Zip:	TRENTON FL 32693

Title	DIRECTOR, VC
Name	NEASMAN, ANNIE
Address	5607 NW 27TH AVE
City-State-Zip:	MIAMI FL 33142

Title	CFO
Name	LITHERLAND, SUZANNE
Address	2340 HANSEN LANE
City-State-Zip:	TALLAHASSEE FL 32301

Title	TREASURER
Name	LINDER, ROBERT
Address	3601 FEDERAL HIGHWAY
City-State-Zip:	MIAMI FL 33137

Title	SECRETARY
Name	GERVASI, MIKE DR.
Address	EDMIN W. BROWN BUILDING 4450 SOUTH TIFFANY DRIVE
City-State-Zip:	WEST PALM BEACH FL 33407

Title	PARLIMENTARIAN
Name	ROBINSON, TEMPLE DR.
Address	1720 S. GADSDEN STREET
City-State-Zip:	TALLAHASSEE FL 32301

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: SUZANNE LITHERLAND@COMCAST.NET**CFO****02/20/2018**

Electronic Signature of Signing Officer/Director Detail

Date