



# Central Florida Family Health Center

## ALTERNATIVE REPORTING AND DISCLOSURE STATEMENT FOR A NONQUALIFIED DEFERRED COMPENSATION PLAN December 20, 2013

Top Hat Plan Exemption  
Employee Benefits Security Administration  
Room N -5644  
U.S. Department of Labor  
200 Constitution Avenue NW  
Washington, DC 20210

In accordance with 29 CFR Section 1520.104-23 of the Department of Labor Regulations, which provides an alternative method for complying with the reporting and disclosure requirements of Part I of Title I of the Employee Retirement Income Security Act of 1974, you are hereby notified that the Employer identified below maintains the Plan identified below for the purpose of providing deferred compensation for a select group or management or highly compensated employees, and that all benefits provided by this Plan are paid as needed solely from the general assets of that Employer.

Employer's Name: **Central Florida Family Health Center, Inc.**

Employer's Address: **2400 S.R. 415, Sanford, Florida 32771**

Employer Identification Number: **59-1741286**

Central Florida Family Health Center, Inc., which covers **1 (one)** Participant.

Total Number of 457(b) Plans: **1 (one)**

Central Florida Family Health Center, Inc.  
Plan Administrator of the Plans Specified Above

By: \_\_\_\_\_

Date: DECEMBER 23, 2013

Alafaya Office  
11881-A E. Colonial Drive  
Orlando, FL 32826  
(407) 322-8645  
(407) 273-2181 Fax

Hoffner Office  
5449 S. Semoran Boulevard  
Suite 14  
Orlando, FL 32822  
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Sanford Office  
2400 S.R. 415  
Sanford, FL 32771  
(407) 322-8645  
(321) 832-1054 Fax  
(407) 330-5074 Fax

Southside Office  
6101 Lake Ellenor Drive  
Suite 105  
Orlando, FL 32809  
(407) 322-8645  
(407) 956-4675

Underhill Office  
5730 Lake Underhill Road  
Orlando, FL 32807  
(407) 322-8645  
(407) 956-4337 Fax

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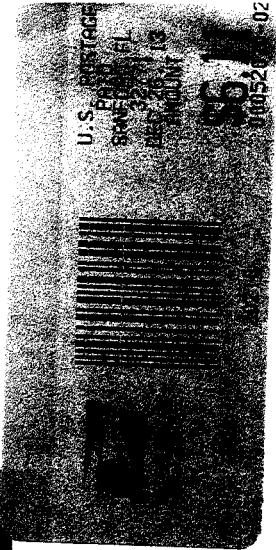
CENTRAL FLORIDA FAMILY HEALTH CENTER, INC.  
2400 SR 415, SANFORD, FLORIDA 32771

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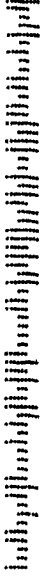
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