

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 09, 1999 8:00 am
Secretary of State

04-09-1999 90036 016 ****70.00

DOCUMENT # 720924

1. Corporation Name

COMMUNITY HEALTH OF SOUTH DADE, INC.

Principal Place of Business

10300 S.W. 216 STREET
MIAMI FL 33190

Mailing Address

10300 S.W. 216 STREET
MIAMI FL 33190



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

05/12/1971

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

4. FEI Number

59-1372690

Applied For

Not Applicable

22

City & State

27

City & State

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

23

Zip

Country

28

Zip

Country

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HARTLEY, BRODES H., JR.
10300 S W 216 STREET
MIAMI FL 33190

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME PFAFF, ROBERT
STREET ADDRESS 9830 SANTOS DR
CITY-ST-ZIP MIAMI, FL 00000

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

D

☒ Change ☐ Addition

TITLE ☐ DELETE
NAME CD
STREET ADDRESS LLANES, CARLOS G
CITY-ST-ZIP 1330 CORAL WAY #102
CORAL GABLES FL 33145

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ DELETE
NAME D
STREET ADDRESS BROWN, HARRELL
CITY-ST-ZIP 11450 SW 200 ST
MIAMI FL

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ DELETE
NAME D
STREET ADDRESS GARCIA, JUANITA
CITY-ST-ZIP 1758 W MOWRY
HOMESTEAD FL

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ DELETE
NAME D
STREET ADDRESS BRADY, LEONARD
CITY-ST-ZIP 9105 NW 25 ST #3089
MIAMI FL

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ DELETE
NAME P
STREET ADDRESS HARTLEY, BRODES H JR
CITY-ST-ZIP 10300 SW 216 STREET
MIAMI FL

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with all other like empowered.

SIGNATURE:

Brodes H. Hartley, Jr.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/5/99 (305) 252-4853
Date Daytime Phone #

CR2E037-11/98