

**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 720924

**FILED**  
**Apr 16, 2007**  
**Secretary of State**

**Entity Name:** COMMUNITY HEALTH OF SOUTH DADE, INC.

**Current Principal Place of Business:**

10300 S.W. 216 STREET  
MIAMI, FL 33190

**New Principal Place of Business:**

**Current Mailing Address:**

10300 S.W. 216 STREET  
MIAMI, FL 33190

**New Mailing Address:**

**FEI Number:** 59-1372690      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

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

**OFFICERS AND DIRECTORS:**

Title: V      ( ) Delete  
Name: YOUNG, DAVID  
Address: 5963 NW 201 TERR  
City-St-Zip: MIAMI, FL 33015

Title: T      ( ) Delete  
Name: JAMES, JOSEPH  
Address: 816 NORTH KROME AVENUE  
City-St-Zip: HOMESTEAD, FL 33030

Title: C      ( ) Delete  
Name: TORRENS, LUIS M  
Address: 14300 SW 236 STREET  
City-St-Zip: HOMESTEAD, FL 33032

Title: V      ( ) Delete  
Name: POPE, LIZZIERENE  
Address: 10720 SW 222 DRIVE  
City-St-Zip: MIAMI, FL 33170

Title: S      ( ) Delete  
Name: SMITH, JUANITA  
Address: 706 NW 3 STREET  
City-St-Zip: FLORIDA CITY, FL 33034

Title: P      ( ) Delete  
Name: HARTLEY, BRODES H JR  
Address: 19338 SW 80 COURT  
City-St-Zip: CUTLER BAY, FL 33157

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

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

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

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

SIGNATURE: BRODES H. HARTLEY, JR.

P

04/16/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date