

**2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT****FILED**  
**May 15, 2009**  
**Secretary of State**

DOCUMENT# 720924

**Entity Name:** COMMUNITY HEALTH OF SOUTH FLORIDA, 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 ( )****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:** VD ( ) Delete  
**Name:** YOUNG, DAVID  
**Address:** 5963 NW 201 TERR  
**City-St-Zip:** MIAMI, FL 33015**Title:** TD ( ) Delete  
**Name:** JAMES, JOSEPH  
**Address:** 220 NE 12 AVE. LOT 131  
**City-St-Zip:** HOMESTEAD, FL 33030**Title:** CD ( ) Delete  
**Name:** TORRENS, LUIS M  
**Address:** 14300 SW 236 STREET  
**City-St-Zip:** HOMESTEAD, FL 33032**Title:** VD ( ) Delete  
**Name:** POPE, LIZZIERENE  
**Address:** 10720 SW 222 DRIVE  
**City-St-Zip:** MIAMI, FL 33170**Title:** SD ( ) 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:** CD (X) Change ( ) Addition  
**Name:** YOUNG, DAVID  
**Address:** 5963 NW 201 TERR  
**City-St-Zip:** MIAMI, FL 33015**Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:****Title:** VD (X) Change ( ) Addition  
**Name:** SMITH, JUANITA  
**Address:** 706 NW 3RD STREET  
**City-St-Zip:** FLORIDA CITY, FL 33034**Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:****Title:** SD (X) Change ( ) Addition  
**Name:** HUMPHREY, ALMA  
**Address:** 16732 SW 101 AVENUE  
**City-St-Zip:** MIAMI, FL 33157**Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:**

I hereby certify that the information supplied with this filing does not qualify 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

05/15/2009

Electronic Signature of Signing Officer or Director

Date