

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 720924

FILED
Apr 09, 2008
Secretary of State

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

Title: TD () Delete
Name: JAMES, JOSEPH
Address: 816 NORTH KROME AVENUE
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: () Change () Addition
Name:
Address:
City-St-Zip:

Title: TD (X) Change () Addition
Name: JAMES, JOSEPH
Address: 220 NE 12 AVE. LOT 131
City-St-Zip: HOMESTEAD, FL 33030

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 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

04/09/2008

Electronic Signature of Signing Officer or Director

Date