

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 718044

FILED
Mar 11, 2014
Secretary of State
CC0175190151

Entity Name: CONCEPT HEALTH SYSTEMS INC.

Current Principal Place of Business:

162 N E 49TH ST
MIAMI, FL 33137

Current Mailing Address:

P.O. BOX 370689
MIAMI, FL 33137 US

FEI Number: 23-7063810

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

GISSEN, MATTHEW
2020 N. BAYSHORE DRIVE
UNIT 3702
MIAMI, FL 33137 US

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

Officer/Director Detail :

Title CDP
Name JACKSON, VALERA
Address 4850 NE 2ND AVENUE
City-State-Zip: MIAMI FL 33137

Title D
Name HOLDER, RITA
Address 3303 FLAMINGO DRIVE
City-State-Zip: MIAMI BEACH FL 33140

Title D
Name ROEDEL, JERRY
Address 5781 SW 88 TERRACE
City-State-Zip: FORT LAUDERDALE FL 33328

Title D
Name SCHWARTZ, SHELDON
Address 3370 NE 190 STREET
APT. 1101
City-State-Zip: AVENTURA FL 33180

Title ST
Name GRIZZLE, NANCY D
Address 4850 NE 2 AVENUE
City-State-Zip: MIAMI FL 33137

Title D
Name SILVERMAN, ADAM
Address 2800 PONCE DE LEON BLVD., SUITE
1125
City-State-Zip: CORAL GABLES FL 33134

Title D
Name CARRATO, MICHAEL
Address 714 NE 73 STREET
City-State-Zip: MIAMI FL 33138

Title D
Name TREADWAY, DEE ANNE
Address 1717 N. BAYSHORE DRIVE
UNIT 3256
City-State-Zip: MIAMI FL 33132

I hereby 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 all other like empowered.

SIGNATURE: NANCY GRIZZLE

ST

03/11/2014

Electronic Signature of Signing Officer/Director Detail

Date