

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 718044

**Entity Name:** CONCEPT HEALTH SYSTEMS INC.

**Current Principal Place of Business:**

162 N E 49TH ST  
MIAMI, FL 33137

**Current Mailing Address:**

162 N E 49TH ST  
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

*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**

**04/12/2019**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date