

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 720924

**Entity Name:** COMMUNITY HEALTH OF SOUTH FLORIDA, INC.**Current Principal Place of Business:**10300 S.W. 216 STREET  
MIAMI, FL 33190**Current Mailing Address:**10300 S.W. 216 STREET  
MIAMI, FL 33190**FEI Number: 59-1372690****Certificate of Status Desired: Yes****Name and Address of Current Registered Agent:**HARTLEY, BRODES HJR.  
10300 S W 216 STREET  
MIAMI, FL 33190 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           | CD               |
| Name            | YOUNG, DAVID SR. |
| Address         | 5963 NW 201 TERR |
| City-State-Zip: | MIAMI FL 33015   |

|                 |                        |
|-----------------|------------------------|
| Title           | TD                     |
| Name            | JAMES, JOSEPH          |
| Address         | 220 NE 12 AVE. LOT 131 |
| City-State-Zip: | HOMESTEAD FL 33030     |

|                 |                      |
|-----------------|----------------------|
| Title           | VD                   |
| Name            | BHAGWANDIN, HELEN    |
| Address         | 11860 SW 136 TERRACE |
| City-State-Zip: | MIAMI FL 33186       |

|                 |                 |
|-----------------|-----------------|
| Title           | VD, 1ST         |
| Name            | BROWN, JOHNNY   |
| Address         | 7749 SW 184 WAY |
| City-State-Zip: | MIAMI FL 33157  |

|                 |                       |
|-----------------|-----------------------|
| Title           | SD                    |
| Name            | TAYLOR PATES, CAROLYN |
| Address         | BOX 700364            |
| City-State-Zip: | MIAMI FL 33170        |

|                 |                     |
|-----------------|---------------------|
| Title           | P                   |
| Name            | HARTLEY, BRODES HJR |
| Address         | 19338 SW 80 COURT   |
| City-State-Zip: | CUTLER BAY FL 33157 |

|                 |                     |
|-----------------|---------------------|
| Title           | ASSISTANT SECRETARY |
| Name            | WINDSOR, NATALIE    |
| Address         | 7425 SW 99 AVENUE   |
| City-State-Zip: | MIAMI FL 33173      |

*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: NATALIE WINDSOR****ASSISTANT SECRETARY 04/24/2014**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date