

2017 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	BROWN, JOHNNY
Address	7749 SW 184 WAY
City-State-Zip:	MIAMI FL 33157

Title	VD, 2ND
Name	COLDREN, JEFFREY
Address	5409 OVERSEAS HIGHWAY #104
City-State-Zip:	MARATHON FL 33050

Title	SD
Name	SCOTT, SUSAN SQUELLA
Address	12105 SW 97 COURT
City-State-Zip:	MIAMI FL 33176

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

Title	TD
Name	LEVY, ABRAHAM
Address	14300 SW 74 STREET
City-State-Zip:	MIAMI FL 33183

Title	VD, 1ST
Name	SALUJA, ARJUN
Address	5848 PARADISE POINT DRIVE
City-State-Zip:	PALMETTO BAY FL 33157

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

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 04/26/2017**_____
Electronic Signature of Signing Officer/Director Detail_____
Date