

2024 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:**HALL, ANTHONY BLAKE
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:** ANTHONY BLAKE HALL

04/30/2024

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title 2ND VICE CHAIRMAN
Name SAINT CYR, CARLO
Address 10300 S.W. 216 STREET
City-State-Zip: MIAMI FL 33190

Title 1ST VICE CHAIRMAN
Name SALUJA, ARJUN
Address 10300 S.W. 216 STREET
City-State-Zip: MIAMI FL 33190

Title PRESIDENT & CEO
Name HALL, ANTHONY BLAKE
Address 10300 S.W. 216 STREET
City-State-Zip: MIAMI FL 33190

Title CFO
Name RADZIEWICZ, JEREMY DAVID
Address 10300 S.W. 216 STREET
City-State-Zip: MIAMI FL 33190

Title CHAIRMAN
Name WINDSOR, NATALIE
Address 10300 SW 216 STREET
City-State-Zip: MIAMI FL 33190

Title SECRETARY
Name GONZALEZ, CLAUDIA
Address 10300 SW 216 STREET
City-State-Zip: MIAMI FL 33190

Title TREASURER
Name HERDSMAN, PAUL
Address 10300 S.W. 216 STREET
City-State-Zip: MIAMI FL 33190

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: JEREMY DAVID RADZIEWICZ

CFO

04/30/2024

Electronic Signature of Signing Officer/Director Detail

Date