

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N03847

**Entity Name:** BOND COMMUNITY HEALTH CENTER, INC.**Current Principal Place of Business:**1720 S GADSDEN ST  
TALLAHASSEE, FL 32301**Current Mailing Address:**1720 S GADSDEN ST  
TALLAHASSEE, FL 32301 US**FEI Number:** 59-2426414**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ROBINSON, TEMPLE O  
1720 S GADSDEN ST  
TALLAHASSEE, FL 32301 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 CEO  
Name ROBINSON, TEMPLE O DR.  
Address 1720 S GADSDEN ST  
City-State-Zip: TALLAHASSEE FL 32301

Title TREASURER  
Name BRODIE, WILLIAM  
Address 1720 S GADSDEN ST  
City-State-Zip: TALLAHASSEE FL 32301

Title VC  
Name BRONSON, SEVILLA  
Address 1720 S GADSDEN ST  
City-State-Zip: TALLAHASSEE FL 32301

Title DIRECTOR  
Name ROSARIO, MIA  
Address 1720 S GADSDEN ST  
City-State-Zip: TALLAHASSEE FL 32301

Title COO  
Name DEANE, MARSHUN  
Address 1720 S GADSDEN ST  
City-State-Zip: TALLAHASSEE FL 32301

Title CHAIRMAN  
Name PARKS, DARRYL ESQ.  
Address 1720 S GADSDEN ST  
City-State-Zip: TALLAHASSEE FL 32301

Title DIRECTOR  
Name AMANZE, NNAEMEKA DR.  
Address 1720 S GADSDEN ST  
City-State-Zip: TALLAHASSEE FL 32301

Title DIRECTOR  
Name BOLDIS-MCCONLEY, ANAMARIA  
Address 1720 S GADSDEN ST  
City-State-Zip: TALLAHASSEE FL 32301

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*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:** TEMPLE O. ROBINSON, M.D.**CHIEF EXECUTIVE  
OFFICER****02/27/2023**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name LAM, YEN  
Address 1720 S GADSDEN ST  
City-State-Zip: TALLAHASSEE FL 32301

Title DIRECTOR  
Name GREEN, MAICEL  
Address 1720 S GADSDEN ST  
City-State-Zip: TALLAHASSEE FL 32301

Title DIRECTOR  
Name MOTON, BRANDON  
Address 1720 S GADSDEN ST  
City-State-Zip: TALLAHASSEE FL 32301

Title SECRETARY  
Name BRYANT, ELAINE  
Address 1720 S GADSDEN ST  
City-State-Zip: TALLAHASSEE FL 32301

Title DIRECTOR  
Name HALL, JOKETRA  
Address 1720 S GADSDEN ST  
City-State-Zip: TALLAHASSEE FL 32301