

2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10000007162

Entity Name: BANYAN COMMUNITY HEALTH CENTER, INC.**Current Principal Place of Business:**6100 BLUE LAGOON DRIVE
SUITE 400
MIAMI, FL 33126**Current Mailing Address:**6100 BLUE LAGOON DRIVE
SUITE 400
MIAMI, FL 33126 US**FEI Number:** 27-3164934**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**CARRODEGUAS, VINCENT CEO
6100 BLUE LAGOON DRIVE, SUITE 400
MIAMI, FL 33126 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:** VINCENT CARRODEGUAS

05/18/2022

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

| | |
|-----------------|-----------------------------------|
| Title | CHAIRMAN |
| Name | GUERRA , CAROLYN |
| Address | 6100 BLUE LAGOON DRIVE, SUITE 400 |
| City-State-Zip: | MIAMI FL 33126 |

| | |
|-----------------|-----------------------------------|
| Title | TREASURER |
| Name | PALMAR , JOSEPH |
| Address | 6100 BLUE LAGOON DRIVE, SUITE 400 |
| City-State-Zip: | MIAMI FL 33126 |

| | |
|-----------------|----------------------------------|
| Title | SECRETARY |
| Name | NIEBLA, MANUEL |
| Address | 6100 BLUE LAGOON DRIVE SUITE 400 |
| City-State-Zip: | MIAMI FL 33126 |

| | |
|-----------------|-----------------------------------|
| Title | CEO |
| Name | CARRODEGUAS, VINCENT |
| Address | 6100 BLUE LAGOON DRIVE, SUITE 400 |
| City-State-Zip: | MIAMI FL 33126 |

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: VINCENT CARRODEGUAS

CEO

05/18/2022

Electronic Signature of Signing Officer/Director Detail

Date