

**2015 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:**GARCIA, ILEANA COO  
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:** ILEANA GARCIA

02/06/2015

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title CBOD  
Name RUBINSON, RICHARD M  
Address 6100 BLUE LAGOON DRIVE, SUITE 400  
City-State-Zip: MIAMI FL 33126

Title VCOB  
Name VEGA, MANUEL  
Address 6100 BLUE LAGOON DRIVE, SUITE 400  
City-State-Zip: MIAMI FL 33126

Title SECT  
Name BASILLE, GINA  
Address 6100 BLUE LAGOON DRIVE, SUITE 400  
City-State-Zip: MIAMI FL 33126

Title COO  
Name GARCIA, ILEANA R  
Address 6100 BLUE LAGOON DRIVE, SUIITE 400  
City-State-Zip: MIAMI FL 33126

Title TREASURER  
Name HARTE, SAMUEL  
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:** ILEANA GARCIA

COO

02/06/2015

Electronic Signature of Signing Officer/Director Detail

Date