

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N12000009820

Entity Name: FLORIDA COMMUNITY HEALTH NETWORK CORP.**Current Principal Place of Business:**3711 GARFIELD STREET
HOLLYWOOD, FL 33021**Current Mailing Address:**3711 GARFIELD STREET
HOLLYWOOD, FL 33021**FEI Number:** 46-1405669**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BLANK, F. PHILIP
BLANK & MEENAN, P.A.
204 SOUTH MONROE STREET
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 CHAIRMAN, DIRECTOR
Name STRUM, SHANE
Address 3711 GARFIELD STREET
City-State-Zip: HOLLYWOOD FL 33021

Title VC, DIRECTOR
Name WINES, LYNNE
Address 3711 GARFIELD STREET
City-State-Zip: HOLLYWOOD FL 33021

Title SECRETARY, TREASURER,
DIRECTOR
Name CAGNETTA, ANDREW
Address 3711 GARFIELD STREET
City-State-Zip: HOLLYWOOD FL 33021

Title DIRECTOR
Name FINKELSTEIN, RON
Address 3711 GARFIELD STREET
City-State-Zip: HOLLYWOOD FL 33021

Title DIRECTOR
Name HORGAN, JOSEPH
Address 3711 GARFIELD STREET
City-State-Zip: HOLLYWOOD FL 33021

Title DIRECTOR
Name SACCO, FRANK
Address 3711 GARFIELD STREET
City-State-Zip: HOLLYWOOD FL 33021

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: RON FINKELSTEIN**DIRECTOR****03/21/2014**

Electronic Signature of Signing Officer/Director Detail

Date