

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N13000000925

**FILED**  
**Apr 23, 2015**  
**Secretary of State**  
**CC7579891401**

**Entity Name:** RESOURCE COMMUNITY HEALTH CENTER INC.

**Current Principal Place of Business:**

759 NW 22ND AVE  
STE 202  
MIAMI, FL 33125

**Current Mailing Address:**

759 NW 22ND AVE  
STE 202  
MIAMI, FL 33125

**FEI Number:** 46-1906764

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

MOREIRA, MASIEL  
759 NW 22ND AVE  
STE 202  
MIAMI, FL 33125 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:** MASIEL MOREIRA

04/23/2015

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DPT  
Name MOREIRA, MASIEL  
Address 1690 SW 69 AVE  
City-State-Zip: MIAMI FL 33155

Title DPT  
Name GONZALEZ, UVALDO  
Address 1690 SW 69 AVE  
City-State-Zip: MIAMI FL 33155

Title D/S  
Name GUERRA, ESTHER  
Address 6490 SW 17 ST  
City-State-Zip: MIAMI FL 33155

Title D  
Name CRESPO, RAFAEL D  
Address 759 NW 22ND AVE  
STE 202  
City-State-Zip: MIAMI FL 33125

Title D  
Name BORGES, MARISOL  
Address 5847 SW 8TH STREET  
City-State-Zip: MIAMI FL 33144

Title D  
Name HERNANDEZ, ANAIMA  
Address 759 NW 22ND AVE  
STE 202  
City-State-Zip: MIAMI FL 33125

*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:** MASIEL MOREIRA

D

04/23/2015

Electronic Signature of Signing Officer/Director Detail

Date