# 2020 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N15000006260

Entity Name: ACTIVE COMMUNITY HEALTH CENTER OF BROWARD, INC

FILED Sep 17, 2020 Secretary of State 7410945916CC

#### **Current Principal Place of Business:**

1060 SUNSET STRIP SUNRISE, FL 33313-6106

## **Current Mailing Address:**

19321 SW 14TH STREET

PEMBROKE PINES, FL 33029 US

FEI Number: 47-4386507 Certificate of Status Desired: Yes

## Name and Address of Current Registered Agent:

URIARTE, PABLO 19321 SW 14TH STREET PEMBROKE PINES, FL 33029 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 Title BOARD MEMBER PRESIDENT

NameURIARTE, PABLONameMAURELLO, KARENAddress19321 SW 14TH STREETAddress1060 SUNSET STRIPCity-State-Zip:PEMBROKE PINES FL 33029City-State-Zip:SUNRISE FL 33313-6106

**TREASURER** Title Title **BOARD MEMBER SECRETARY** Name COPPIN, KEITAH DOWD, DAVID Name Address 1060 SUNSET STRIP Address 1060 SUNSET STRIP City-State-Zip: SUNRISE FL 33313-6106 City-State-Zip: SUNRISE FL 33313-6106

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.

CEO

Electronic Signature of Signing Officer/Director Detail

SIGNATURE: PABLO URIARTE

09/17/2020