

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N18000011175

**Entity Name:** 2ND CHANCE COMMUNITY HEALTH SERVICES INC

**Current Principal Place of Business:**

1541 SE PORT ST LUCIE BLVD  
PORT ST LUCIE, FL 34952

**Current Mailing Address:**

1541 SE PORT ST LUCIE BLVD  
PORT ST LUCIE, FL 34952

**FEI Number:** 83-2274245

**Certificate of Status Desired:** No

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

THE TALLY CONSULTING GROUP, INC.  
1904 SW SAINT ANDREWS DR  
PALM CITY, FL 34990 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 P  
Name BROWN, JOHNNY L  
Address 2493 SW FALCON CIR  
City-State-Zip: PORT ST LUCIE FL 34953

Title S  
Name PRITCHETT, DOROTHY  
Address 1220 SW 85TH TERRACE  
City-State-Zip: PEMBROKE PINES FL 33025

Title T  
Name CUIRVEN, DIANE  
Address 4200 NW 3RD COURT APT 137  
City-State-Zip: PLANTATION FL 33317

Title VP  
Name BROWN, JOHNNY L II  
Address 7098 NW 49TH PLACE  
City-State-Zip: LAUDERHILL FL 33319

*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:** JOHNNY L. BROWN

**PRESIDENT**

**04/30/2020**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date