

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Mar 13, 2009
Secretary of State**

DOCUMENT# 712996

Entity Name: JESSIE TRICE COMMUNITY HEALTH CENTER, INC.

Current Principal Place of Business:

700 S ROYAL POINCIANA BLVD
300
MIAMI SPRINGS, FL 33166

New Principal Place of Business:

Current Mailing Address:

700 S ROYAL POINCIANA BLVD
300
MIAMI SPRINGS, FL 33166

New Mailing Address:

FEI Number: 59-1235617 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CLYNE, REGINALD J
C/O CLYNE & SELF, P.A.
2600 DOUGLAS RD., SUITE 1100
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: T () Delete
Name: WEST, TERRELL
Address: 700 S ROYAL POINCIANA BLVD STE 300
City-St-Zip: MIAMI SPRINGS, FL 33166

Title: C () Delete
Name: ROBERTS, PAUL
Address: 700 S ROYAL POINCIANA BLVD, SUITE 300
City-St-Zip: MIAMI SPRINGS, FL 33166

Title: VCTD () Delete
Name: THORNTON, ROSA
Address: 700 S ROYAL POINCIANA BLVD SUITE 300
City-St-Zip: MIAMI SPRINGS, FL 33166

Title: STD () Delete
Name: WILLIAMS, DAVID JR.
Address: 700 S. ROYAL POINCIANA BLVD, SUITE 300
City-St-Zip: MIAMI, FL 33166

Title: D () Delete
Name: SEABROOKS, PATRICIA A
Address: 700 SOUTH ROYAL POINCIANA BLVD, STE 300
City-St-Zip: MIAMI SPRINGS, FL 33166

Title: M () Delete
Name: NEASMAN, ANNIE R
Address: 700 S ROYAL POINCIANA BLVD, STE 300
City-St-Zip: MIAMI SPRINGS, FL 33166

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: CLEMENTINE CLINCH

MS

03/13/2009

Electronic Signature of Signing Officer or Director

Date