

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 720924

FILED
Apr 18, 2011
Secretary of State

Entity Name: COMMUNITY HEALTH OF SOUTH FLORIDA, INC.

Current Principal Place of Business:

10300 S.W. 216 STREET
MIAMI, FL 33190

New Principal Place of Business:

Current Mailing Address:

10300 S.W. 216 STREET
MIAMI, FL 33190

New Mailing Address:

FEI Number: 59-1372690

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

HARTLEY, BRODES H JR.
10300 S W 216 STREET
MIAMI, FL 33190 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: CD
Name: YOUNG, DAVID SR.
Address: 5963 NW 201 TERR
City-St-Zip: MIAMI, FL 33015

Title: TD
Name: JAMES, JOSEPH
Address: 220 NE 12 AVE. LOT 131
City-St-Zip: HOMESTEAD, FL 33030

Title: VD
Name: SMITH, JUANITA
Address: 706 NW 3RD STREET
City-St-Zip: FLORIDA CITY, FL 33034

Title: VD
Name: CROOK, KENT
Address: 11701 SW 130 AVENUE
City-St-Zip: MIAMI, FL 33186

Title: SD
Name: TAYLOR PATES, CAROLYN
Address: 14142 SW 291 TERRACE
City-St-Zip: LEISURE CITY, FL 33033

Title: P
Name: HARTLEY, BRODES H JR
Address: 19338 SW 80 COURT
City-St-Zip: CUTLER BAY, FL 33157

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: BRODES H. HARTLEY, JR.

P

04/18/2011

Electronic Signature of Signing Officer or Director

Date