2003 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 07, 2003
Secretary of State

DOCUMENT# 720924

Entity Name: COMMUNITY HEALTH OF SOUTH DADE, 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

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:	TD	( ) Delete
Name:	BROWN, FRIEDA	
Address:	10370 SW 146 STREET	
City-St-Zip:	MIAMI, FL 33176	
Title:	CD	( ) Delete
Name:	LLANES, CARLOS G	
Address:	1330 CORAL WAY #102	
City-St-Zip:	CORAL GABLES, FL 33145	
Title:	D	( ) Delete
Name:	BROWN, HARRELL,	
Address:	11450 SW 200 ST	
City-St-Zip:	MIAMI, FL	
Title:	D	( ) Delete
Name:	GARCIA, JUANITA,	
Address:	1758 W MOWRY	
City-St-Zip:	HOMESTEAD, FL	
Title:	VD	( ) Delete
Name:	BRADY, LEONARD,	
Address:	9105 NW 25 ST #3089	
City-St-Zip:	MIAMI, FL	
Title:	P	( ) Delete
Name:	HARTLEY, BRODES H JR	
Address:	10300 SW 216 STREET	
City-St-Zip:	MAIMI, FL	

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 for the exemption stated in Section 119.07(3)(i), 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: FRIEDA BROWN TD 02/07/2003

Electronic Signature of Signing Officer or Director — Date