2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2004
Secretary of State

DOCUMENT# 738164

Entity Name: MIAMI BEACH COMMUNITY HEALTH CENTER INC.

Current Principal Place of Business:

710 ALTON ROAD
MIAMI BEACH, FL 33139

New Principal Place of Business:

Current Mailing Address:

710 ALTON ROAD
MIAMI BEACH, FL 33139

New Mailing Address:

FEI Number: 59-1829984 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

ABBATE, KATHRYN
521 N 13TH AVE
HOLLYWOOD, FL 33019

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: PD ( ) Delete
Name: NOTKIN, ARNOLD,
Address: 8777 COLLINS AVE. #302
City-St-Zip: SURFSIDE, FL

Title: M ( ) Delete
Name: ABBATE, KATHRYN
Address: 521 N 13TH AVE
City-St-Zip: HOLLYWOOD, FL 33019

Title: VD ( ) Delete
Name: ADRIAN, RAYMOND
Address: 1701 NORMANDY DRIVE
City-St-Zip: NORMANY ISLE, FL 33141

Title: SD ( ) Delete
Name: COHEN, ESTHER
Address: 200 N. SHORE DRIVE
City-St-Zip: MIAMI BEACH, FL 33132

Title: DT ( ) Delete
Name: LORE, JULIO
Address: 350 LINCOLN ROAD
City-St-Zip: MIAMI BEACH, FL 33141

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: NOTKIN, ARNOLD
Address: 8777 COLLINS AVE. #302
City-St-Zip: SURFSIDE, FL

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

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

Title: SD (X) Change ( ) Addition
Name: CRUZ, MARIA
Address: 1447 MILLER ROAD
City-St-Zip: CORAL GABLRS, FL 33146

Title: DT (X) Change ( ) Addition
Name: LORA, JULIO
Address: 350 LINCOLN ROAD
City-St-Zip: MIAMI BEACH, FL 33141

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: KATHRYN ABBATE M 01/14/2004

Electronic Signature of Signing Officer or Director — Date