2006 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Nov 15, 2006
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 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:	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:	CRUZ, MARIA	
Address:	1447 MILLER ROAD	
City-St-Zip:	CORAL GABLRS, FL 33146	
Title:	DT	( ) Delete
Name:	DEUTSCH, MELVIN P DC	
Address:	5660 COLLINS AVE.	
City-St-Zip:	MIAMI BEACH, FL 33140	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	PD	(X) Change ( ) Addition
Name:	O'NEILL, PAULA	
Address:	1530 WEST AVENUE	
City-St-Zip:	MIAMI BEACH, FL 33139	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	VD	(X) Change ( ) Addition
Name:	COHEN, ESTHER	
Address:	200 N. SHORE DRIVE	
City-St-Zip:	MIAMI BEACH, FL 33141	
Title:	SD	(X) Change ( ) Addition
Name:	GROSS, JANE D	
Address:	2900 FLAMINGO DR	
City-St-Zip:	MIAMI BEACH, FL 33140	
Title:	DT	(X) Change ( ) Addition
Name:	DEUTSCH, MELVIN P DC	
Address:	5660 COLLINS AVE. # 4D	
City-St-Zip:	MIAMI BEACH, FL 33140	

I hereby certify that the information supplied with this filing does not qualify for the 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: STANLEY B DEHART, JR. CFO 11/15/2006

Electronic Signature of Signing Officer or Director — Date