

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 738164

FILED
Apr 06, 2009
Secretary of State

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: O'NEILL, PAULA
Address: 1530 WEST AVENUE
City-St-Zip: MIAMI BEACH, FL 33139

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

Title: VD () Delete
Name: COHEN, ESTHER
Address: 200 N. SHORE DRIVE
City-St-Zip: MIAMI BEACH, FL 33141

Title: SD () Delete
Name: GROSS, JANE D
Address: 2900 FLAMINGO DR
City-St-Zip: MIAMI BEACH, FL 33140

Title: DT () Delete
Name: DEUTSCH, MELVIN P DC
Address: 5660 COLLINS AVE. # 4D
City-St-Zip: MIAMI BEACH, FL 33140

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:

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: KATHRYN ABBATE

M

04/06/2009

Electronic Signature of Signing Officer or Director

Date