2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2012
Secretary of State

DOCUMENT# 738164

Entity Name: MIAMI BEACH COMMUNITY HEALTH CENTER INC.

Current Principal Place of Business:

11645 BISCAYNE BLVD
207
NORTH MIAMI, FL 33181

New Principal Place of Business:

Current Mailing Address:

11645 BISCAYNE BLVD
207
NORTH MIAMI, FL 33181

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

Title: DT
Name: NOTKIN, MYRIAM
Address: 8777 COLLINS AVENUE
City-St-Zip: SURSIDE, FL 33154

Title: DC
Name: GROSS, JANE D
Address: 2900 FLAMINGO DR
City-St-Zip: MIAMI BEACH, FL 33140

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

Title: DS
Name: WONG, ANTONIO H
Address: 501 NW 179 AVE
City-St-Zip: PEMBROKE PINES, FL 33029

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: STANLEY B DEHART CFO 02/16/2012

Electronic Signature of Signing Officer or Director Date