

73864

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

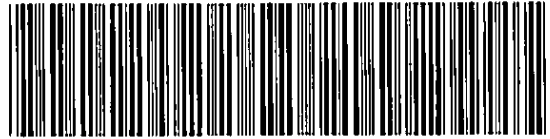
(Business Entity Name)

(Document Number)

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MAY 14 2018

T. LEWIS

AD

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: Miami Beach Community Health Center, Inc.  
Name of Corporation

DOCUMENT NUMBER: 738164

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Mark Rabinowitz

Name of Contact Person

Miami Beach Community Health Center, Inc.

Firm/Company

11645 Biscayne Blvd, Suite 207

Address

North Miami, Florida 33181

City/State and Zip Code

mrabinowitz@hcnetwork.org

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Mark Rabinowitz

Name of Contact Person

at (305) 538-8835

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Miami Beach Community Health Center, Inc.  
2. The principal office address: 11645 Biscayne Blvd, Suite 207, North Miami, Florida 33181

3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 3/1/1977 Document number: 738164

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

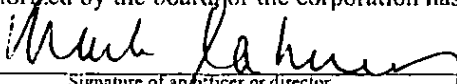
William Dillon  
2618 Centennial Place  
Tallahassee, FL 32308

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

William Dillon  
215 South Monroe Street, Suite 601  
P.O. Box NOT acceptable  
Tallahassee, Florida 32301

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

  
Signature of an officer or director

Mark Rabinowitz, CEO  
Printed or typed name and title

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.*

  
Signature of Registered Agent

May 8, 2018

Date

If signing on behalf of an entity:

\_\_\_\_\_  
Typed or Printed Name

\*\*\* FILING FEE: \$35.00 \*\*\*

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314  
CR2E045 (03/12)