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Florida Department of State  
Division of Corporations  
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Account Number : 076117000420  
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S. CHATHAM

JUN 16 2025

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

**REGISTERED AGENT CHANGE  
MIAMI BEACH COMMUNITY HEALTH CENTER INC.**

Certificate of Status	0
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Estimated Charge	\$35.00

2025 JUN 17 AM 9:30

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**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 207, Miami Beach, FL 33181
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: March 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 P. Dillon215 S Monroe St Ste 601Tallahassee, FL 32301

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

GY Corporate Services, Inc.777 S Flagler Drive, Suite 500EP.O. Box NOT acceptableWest Palm Beach, Florida 33401

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.

Dennis Cadiz

Signature of an officer or director

Dennis Cadiz, Chief Information Officer

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.

/s/ Michael V. Mitrone

Signature of Registered Agent

06/11/25

Date

If signing on behalf of an entity:

Michael V. Mitrone, Vice President

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  
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