

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L34387

FILED
Jan 24, 2005
Secretary of State

Entity Name: COMMUNITY HEALTH SERVICES OF SOUTH FLORIDA, INC.

Current Principal Place of Business:

201 N UNIVERSITY DR
116
PLANTATION, FL 33324

New Principal Place of Business:

Current Mailing Address:

201 N UNIVERSITY DR
116
PLANTATION, FL 33324

New Mailing Address:

FEI Number: 65-0163620

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DINNER, HOWARD
201 N UNIVERSITY DR
STE 116
PLANTATION, FL 33324 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: DINNER, HOWARD,
Address: 201 N UNIVERSITY DR #116
City-St-Zip: FT LAUDERDALE, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: DINNER, HOWARD,
Address: 201 N UNIVERSITY DR #116
City-St-Zip: FT LAUDERDALE, FL

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HOWARD DINNER

PD

01/24/2005

Electronic Signature of Signing Officer or Director

Date