


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2004 08:00 AM
Secretary of State


DOCUMENT # N00000006456

1. Entity Name
 ROZALYN H. PASCHAL MD COMMUNITY HEALTH TRUST INC.



Principal Place of Business 1744 NORTHWEST 192ND STREET MIAMI, FL 33056	Mailing Address 1744 NORTHWEST 192ND STREET MIAMI, FL 33056
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DO NOT WRITE IN THIS SPACE



03012004 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-3674428	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PASCHAL, III, FLETCHER A
 1744 NW 192 ST
 OPA LOCKA, FL 33056

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature (Type or printed name of registered agent and title if applicable) (NOTE: Registered Agent Certificate required when filing this report)

Filing Fee is \$61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees

U00000090915
 03/17/04-80038-009 61.25

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PSTD PASCHALL, FLETCHER A III 1744 NORTHWEST 192ND STREET MIAMI, FL 33056
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D POWELL, AGENORA 1744 NORTHWEST 192ND STREET MIAMI, FL 33056
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D VASCO, OKOJIE 1744 NORTHWEST 192ND STREET MIAMI, FL 33056
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TITLE NAME STREET ADDRESS CITY- ST- ZIP	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  3/14/04 305-794-4112
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #