

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Mar 11, 2005
Secretary of State**

DOCUMENT# N00000006456

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

Current Principal Place of Business:

1744 NORTHWEST 192ND STREET
MIAMI, FL 33056

New Principal Place of Business:

Current Mailing Address:

1744 NORTHWEST 192ND STREET
MIAMI, FL 33056

New Mailing Address:

FEI Number: 59-3674428 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PASCHAL, III, FLETCHER A
1744 NW 192 ST
OPA LOCKA, FL 33056 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: PSTD () Delete
Name: PASCHALL, FLETCHER A III
Address: 1744 NORTHWEST 192ND STREET
City-St-Zip: MIAMI, FL 33056

Title: D () Delete
Name: POWELL, AGENORA
Address: 1744 NORTHWEST 192ND STREET
City-St-Zip: MIAMI, FL 33056

Title: D () Delete
Name: VASCO, OKOJIE
Address: 1744 NORTHWEST 192ND STREET
City-St-Zip: MIAMI, FL 33056

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: FLETCHER A. PASCHAL III

Electronic Signature of Signing Officer or Director

MR.

03/11/2005

Date