

**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 26, 2007  
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 exemption stated in Chapter 119, 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

PSTD

04/26/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date