

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000006456

FILED
Feb 17, 2011
Secretary of State

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
Name: PASCHAL, ROZALYN L
Address: 1744 NORTHWEST 192ND STREET
City-St-Zip: MIAMI, FL 33056

Title: V
Name: PASCHAL, FLETCHER A III
Address: 1744 NORTHWEST 192ND STREET
City-St-Zip: MIAMI, FL 33056

Title: S
Name: PASCHAL, LENORA
Address: 1744 NORTHWEST 192ND STREET
City-St-Zip: MIAMI, FL 33056

Title: D
Name: POWELL, AGENORIA
Address: 1744 NORTHWEST 192ND STREET
City-St-Zip: MIAMI, FL 33056

Title: C
Name: THEOC, ERNST
Address: 1744 NW 192ND ST
City-St-Zip: MIAMI, FL 33056

I hereby 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 all other like empowered.

SIGNATURE: FLETCHER A. PASCHAL III

V

02/17/2011

Electronic Signature of Signing Officer or Director

Date