

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000006456

FILED  
Apr 12, 2012  
Secretary of State

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

**Current Principal Place of Business:**

7900 NW 27TH AVE  
STE 70  
MIAMI, FL 33147

**New Principal Place of Business:**

**Current Mailing Address:**

7900 NW 27TH AVE  
STE 70  
MIAMI, FL 33147

**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: JOHNSON, LENORA P  
Address: P O BOX 370608  
City-St-Zip: MIAMI, FL 33137

Title: S  
Name: PASCHAL, FLETCHER A IV  
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: LENORA P. JOHNSON

PSTD

04/12/2012

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

\_\_\_\_\_  
Date