

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 08, 2004 8:00 am
Secretary of State

03-08-2004 90030 013 ****61.25

DOCUMENT # N01000001545

1. Entity Name
CHAMBERSOUTH HEALTH CARE ALLIANCE, INC.



Principal Place of Business
**6410 S.W. 80TH STREET
MIAMI, FL 33176**

Mailing Address
**6410 S.W. 80TH STREET
MIAMI, FL 33176**

94026188



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

03032004

Chg-NP

CR2E037 (10/03)

4. FEI Number
65-1102434

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MASSON, DONNA G
6410 SW 80TH STREET
MIAMI, FL 33143**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **MASSON, DONNA**
CITY-ST-ZIP **6410 S.W. 80TH STREET
MIAMI, FL 33176**

TITLE ☐ Change ☒ Addition
NAME **Chairman-Elect**
STREET ADDRESS **Flanagan, Jeffrey**
CITY-ST-ZIP **999 Ponce DeLeon Blvd., Ste 1000
Coral Gables, FL 33134**

TITLE ☐ Delete
NAME **V**
STREET ADDRESS **GLYNN, JUDY**
CITY-ST-ZIP **7565 SW 141 STREET
MIAMI, FL 33158**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **ST.**
STREET ADDRESS **COSBY, EDITH**
CITY-ST-ZIP **12232 SW 128 STREET
MIAMI, FL 33186**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **CD**
STREET ADDRESS **HORTON, RICHARD M**
CITY-ST-ZIP **9155 S DADELAND BLD PH III STE 1812
MIAMI, FL 33156**

TITLE ☒ Change ☐ Addition
NAME **Past Chairman**
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **VCD**
STREET ADDRESS **BONNET, ROBERT L**
CITY-ST-ZIP **8181 SW 117 STREET
MIAMI, FL 33156**

TITLE ☒ Change ☐ Addition
NAME **Chairman**
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify 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 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: *Donna Masson*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-8-04 305-661-1621
Date Daytime Phone #