

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90482 046 ****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**

50017855



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04072006 Chg-NP CR2E037 (11/05)

City & State

City & State

4. FEI Number
65-1102434

Applied For
Not Applicable

Zip

Country

Zip

Country

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
Karen del Valle

Street Address (P.O. Box Number is Not Acceptable)
6410 SW 80 Street

City **South Miami,**

FL

Zip Code **33143**

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, 2006**

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**President
del Valle, Karen
6410 SW 80 Street So. Miami, FL 33143** ☐ Change ☒ Addition

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**Secretary/Treasurer
Hall, Zac
8884 SW 129 Terr Miami, FL 33176** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**ST
LYONS, PHILIP C.
9500 S. DADELAND BLVD
MIAMI, FL 33156** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**Chair Elect
Lyons, Phillip C.
9500 S. Dadeland Blvd., Miami, FL 33156** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**C
FORBES, RICARDO
8900 N. KENDALL DRIVE
MIAMI, FL 33176** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**CE
FLANAGAN, JEFFREY
999 PONCE DE LEON BLVD., STE. 1000
MIAMI, FL 33134** ☒ Delete

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/24/06

305
661-1621