

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000008661

FILED  
Feb 06, 2007  
Secretary of State

**Entity Name:** COMMUNITY HEALTH PLAN FOUNDATION, INC.

**Current Principal Place of Business:**

3001 W. HALLANDALE BEACH BLVD  
SUITE 302  
PEMBROKE PINES, FL 33009

**New Principal Place of Business:**

**Current Mailing Address:**

3001 W. HALLANDALE BEACH BLVD  
SUITE 302  
PEMBROKE PINES, FL 33009

**New Mailing Address:**

**FEI Number:** 20-5388740

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CHUSID, HOWARD  
3001 W. HALLANDALE BEACH BLVD  
SUITE 302  
PEMBROKE PARK, FL 33009 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: PRES ( ) Delete  
Name: CHUSID, HOWARD  
Address: 3001 W HALLANDALE BEACH BLVD #302  
City-St-Zip: PEMBROKE PARK, FL 33009

Title: TRES ( ) Delete  
Name: IRIBAR, MANUEL  
Address: 2216 HOLLYWOOD BLVD  
City-St-Zip: HOLLYWOOD, FL 33020

Title: SEC ( ) Delete  
Name: ESCALONA, OLGA  
Address: 9381 SW 177 STREET  
City-St-Zip: MIAMI, FL 33157

Title: VP ( ) Delete  
Name: CHAILLE, THOMAS B  
Address: 9105 N BAYSHORE DRIVE  
City-St-Zip: MIAMI, FL 33138

Title: VP ( ) Delete  
Name: NAGER, BRUCE  
Address: 15 PELICAN ISLE  
City-St-Zip: FT LAUDERDALE, FL 33301

**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:

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 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: HOWARD CHUSID

D

02/06/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date