

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000008661

FILED
Apr 30, 2009
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 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

MGR

04/30/2009

Electronic Signature of Signing Officer or Director

Date