2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 10, 2012
Secretary of State

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Entity Name: PARTNERSHIP FOR COMMUNITY HEALTH, INC.

Current Principal Place of Business:

4740 N. STATE RD. 7
FORT LAUDERDALE, FL 33319

New Principal Place of Business:

Current Mailing Address:

4740 N. STATE RD. 7
FORT LAUDERDALE, FL 33319

New Mailing Address:

FEI Number: 26-4488970 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

RONIK, STEVEN
4740 N. STATE RD. 7
FORT LAUDERDALE, FL 33319 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: D
Name: RONIK, STEVEN
Address: 4740 N. STATE RD. 7
City-St-Zip: FORT LAUDERDALE, FL 33319

Title: D
Name: REIN, LARRY
Address: 313 NORTH STATE ROAD 7
City-St-Zip: PLANTATION, FL 33317

Title: D
Name: DELUCCA, MICHAEL E
Address: 919 MIDDLE RIVER DRIVE - SUITE 120
City-St-Zip: FORT LAUDERDALE, FL 33304

Title: D
Name: BRUCE, HAYDEN H
Address: 11031 NE 6TH AVE
City-St-Zip: MIAMI, FL 33167

Title: D
Name: KATZ, ANDREA
Address: 919 NE 13TH STREET
City-St-Zip: FT. LAUDEDALE, FL 33304

Title: D
Name: DEMILLE, VIVIEN
Address: 3501 W. BROWARD BLVD. 3RD FLR.
City-St-Zip: FT. LAUDERDALE, FL 33312

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: STEVEN RONIK CHR 02/10/2012

Electronic Signature of Signing Officer or Director — Date