

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N10000000727

**FILED**  
**Feb 23, 2011**  
**Secretary of State**

**Entity Name:** SOUTH FLORIDA COMMUNITY HEALTH ALLIANCE, INC.

**Current Principal Place of Business:**

1261 SEAHOUSE ST.  
SEBASTIAN, FL 32958

**New Principal Place of Business:**

**Current Mailing Address:**

1261 SEAHOUSE ST.  
SEBASTIAN, FL 32958

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired ( )**

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

AHMAD, HALEEMAH  
1261 SEAHOUSE ST.  
SEBASTIAN, FL 32958 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: AHMAD, NASIR  
Address: 1261 SEAHOUSE ST.  
City-St-Zip: SEBASTIAN, FL 32958

Title: D  
Name: AHMAD, HALEEMAH  
Address: 1261 SEAHOUSE ST.  
City-St-Zip: SEBASTIAN, FL 32958

Title: D  
Name: HAMIN, MIKAL T  
Address: 6801 NW 12TH ST.  
City-St-Zip: PLANTATION, FL 33313

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:** NASIR AHMAD

DR.

02/23/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date