

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000000879

FILED
Apr 19, 2011
Secretary of State

Entity Name: JEFFERSON REAVES, SR. HEALTH CENTER, INC.

Current Principal Place of Business:

1009 NW 5TH AVE
MIAMI, FL 33136 US

New Principal Place of Business:

Current Mailing Address:

1009 NW 5TH AVE
MIAMI, FL 33136 US

New Mailing Address:

FEI Number: 65-0667619

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCKINNEY, ROBERT L
370 NW 19TH TERRACE
MIAMI, FL 33136 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: PD
Name: GAY, GREGORY
Address: 444 SW 2ND AVE 3RD FLOOR
City-St-Zip: MIAMI, FL 33130 US

Title: D
Name: EDWARDS, YVONNE
Address: 1330 N. W. 90 STREET
City-St-Zip: MIAMI, FL 33147 US

Title: D
Name: MICKENS-JONES, MINNIE
Address: 2251 NW 93 TERRACE
City-St-Zip: MIAMI, FL 33125 US

Title: D
Name: WADE, BARBARA
Address: 11125 SW 156TH TERRACE
City-St-Zip: MIAMI, FL 33157 US

Title: D
Name: REAVES, DARRYL F
Address: 290 NW 165 STREET
City-St-Zip: MIAMI, FL 33169 US

Title: D
Name: JONES, WADE
Address: 9704 NW 20 AVENUE
City-St-Zip: MIAMI, FL 33147 US

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: ROBERT L. MCKINNEY, ESQ.

D

04/19/2011

Electronic Signature of Signing Officer or Director

Date