

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

DOCUMENT# N98000001818

**FILED**  
**Apr 08, 2011**  
**Secretary of State**

**Entity Name:** RENASCENCE COMMUNITY HEALTH CARE CENTER, INC.

**Current Principal Place of Business:**

1370 NW 16 STREET  
MIAMI, FL 33125

**New Principal Place of Business:**

**Current Mailing Address:**

1370 NW 16 STREET  
MIAMI, FL 33125

**New Mailing Address:**

**FEI Number:** 65-0815575

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

AMADO, MARTA  
1370 NW 16 STREET  
MIAMI, FL 33125 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: P/S  
Name: AMADO, MARTA  
Address: 1370 NW 16 STREET  
City-St-Zip: MIAMI, FL 33125

Title: D  
Name: REY, JULIO  
Address: 1370 NW 16 STREET  
City-St-Zip: MIAMI, FL 33125

Title: D  
Name: CASTRO, MARIA  
Address: 1370 NW 16 STREET  
City-St-Zip: MIAMI, FL 33125

Title: D  
Name: GALLOSO, DIANA  
Address: 1370 NW 16 STREET  
City-St-Zip: MIAMI, FL 33125

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: MARTA AMADO

P/S

04/08/2011

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

\_\_\_\_\_  
Date