

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 712996

Entity Name: JESSIE TRICE COMMUNITY HEALTH CENTER, INC.

FILED
May 20, 2015
Secretary of State
CC4769733252

Current Principal Place of Business:

5607 NW 27TH AVENUE
SUITE #1
MIAMI, FL 33142

Current Mailing Address:

5607 NW 27TH AVENUE
SUITE #1
MIAMI, FL 33142

FEI Number: 59-1235617

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

CLYNE, REGINALD J
C/O QUINTAIROS, PRIETO, WOOD & BOYER PA
9300 SOUTH DADELAND BLVD 4TH FLOOR
MIAMI, FL 33156 US

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

Officer/Director Detail :

Title T
Name THOMAS, ROBERT
Address 5607 NW 27TH AVENUE, SUITE 1
City-State-Zip: MIAMI FL 33142

Title C
Name DUBOSE, SHERWOOD
Address 5607 NW 27 AVENUE, SUITE 1
City-State-Zip: MIAMI FL 33142

Title VC
Name TAYLOR-WOOTEN, IRENE
Address 5607 NW 27TH AVENUE, SUITE 1
City-State-Zip: MIAMI FL 33142

Title SECY
Name LIGHTFOOT, ANGEL D
Address 5607 NW 27TH AVENUE, SUITE 1
City-State-Zip: MIAMI FL 33142

Title D
Name LABROUSSE, THAMARA
Address 5607 NW 27TH AVENUE, SUITE 1
City-State-Zip: MIAMI FL 33142

Title P
Name NEASMAN, ANNIE R
Address 5607 NW 27TH AVENUE, SUITE 1
City-State-Zip: MIAMI FL 33142

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: ANNIE R. NEASMAN

PRESIDENT & CEO

05/20/2015

Electronic Signature of Signing Officer/Director Detail

Date