2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 712996

Entity Name: JESSIE TRICE COMMUNITY HEALTH SYSTEM, INC.

FILED
Jan 28, 2022
Secretary of State
4576836771CC

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: No

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 DIRECTOR Title CHAIR

Name DUBOSE, SHERWOOD Name TAYLOR-WOOTEN, IRENE

Address 5607 NW 27 AVENUE, SUITE 1 Address 5607 NW 27TH AVENUE, SUITE 1

City-State-Zip: MIAMI FL 33142 City-State-Zip: MIAMI FL 33142

Title SECY Title I

Name LIGHTFOOT, ANGEL D Name ROSETE, ISABELLA

Address 5607 NW 27TH AVENUE, SUITE 1 Address 5607 NW 27TH AVENUE, SUITE 1

City-State-Zip: MIAMI FL 33142 City-State-Zip: MIAMI FL 33142

Title P Title TREASURER

Name NEASMAN, ANNIE R Name JONES, CARLA A ESQ.

Address 5607 NW 27TH AVENUE, SUITE 1 Address 5607 NW 27TH AVENUE

SUITE #1

City-State-Zip: MIAMI FL 33142 City-State-Zip: MIAMI FL 33142

Title VC

Name ROBERTS, PAUL
Address 5607 NW 27 AVENUE

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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: PAUL ROBERTS VC 01/28/2022