

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 712996

**Entity Name:** JESSIE TRICE COMMUNITY HEALTH CENTER, INC.

**FILED**  
**Feb 09, 2016**  
**Secretary of State**  
**CC2496838467**

**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**

**02/09/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date