

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 720924

**FILED**  
**Apr 29, 2013**  
**Secretary of State**  
**CC9657249895**

**Entity Name:** COMMUNITY HEALTH OF SOUTH FLORIDA, INC.

**Current Principal Place of Business:**

10300 S.W. 216 STREET  
MIAMI, FL 33190

**Current Mailing Address:**

10300 S.W. 216 STREET  
MIAMI, FL 33190

**FEI Number: 59-1372690**

**Certificate of Status Desired: Yes**

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

HARTLEY, BRODES HJR.  
10300 S W 216 STREET  
MIAMI, FL 33190 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 CD  
Name YOUNG, DAVID SR.  
Address 5963 NW 201 TERR  
City-State-Zip: MIAMI FL 33015

Title TD  
Name JAMES, JOSEPH  
Address 220 NE 12 AVE. LOT 131  
City-State-Zip: HOMESTEAD FL 33030

Title VD  
Name BHAGWANDIN, HELEN  
Address 11860 SW 136 TERRACE  
City-State-Zip: MIAMI FL 33186

Title VD, 1ST  
Name BROWN, JOHNNY  
Address 7749 SW 184 WAY  
City-State-Zip: MIAMI FL 33157

Title SD  
Name TAYLOR PATES, CAROLYN  
Address BOX 700364  
City-State-Zip: MIAMI FL 33170

Title P  
Name HARTLEY, BRODES HJR  
Address 19338 SW 80 COURT  
City-State-Zip: CUTLER BAY FL 33157

*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: BRODES H. HARTLEY, JR.**

**PRESIDENT**

**04/29/2013**

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

\_\_\_\_\_  
Date