

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 720924

**FILED  
Apr 30, 2015  
Secretary of State  
CC8303378018**

**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 BROWN, JOHNNY  
Address 7749 SW 184 WAY  
City-State-Zip: MIAMI FL 33157

Title TD  
Name LEVY, ABRAHAM  
Address 14300 SW 74 STREET  
City-State-Zip: MIAMI FL 33183

Title VD, 2ND  
Name COLDREN, JEFFREY  
Address 430 52ND STREET, GULF  
City-State-Zip: MARATHON FL 33050

Title VD, 1ST  
Name SALUJA, ARJUN  
Address 5848 PARADISE POINT DRIVE  
City-State-Zip: PALMETTO BAY FL 33157

Title SD  
Name SCOTT, SUSAN SQUELLA  
Address 12105 SW 97 COURT  
City-State-Zip: MIAMI FL 33176

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

Title ASSISTANT SECRETARY  
Name WINDSOR, NATALIE  
Address 7425 SW 99 AVENUE  
City-State-Zip: MIAMI FL 33173

*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: NATALIE WINDSOR**

**ASSISTANT SECRETARY 04/30/2015**

Electronic Signature of Signing Officer/Director Detail

Date