

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 720924

**FILED
Apr 27, 2016
Secretary of State
CC3212200923**

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 5409 OVERSEAS HIGHWAY #104
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 04/27/2016

Electronic Signature of Signing Officer/Director Detail

Date