

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 720924

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: No

Name and Address of Current Registered Agent:

HARTLEY, BRODES H JR.
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: BRODES H. HARTLEY, JR.

04/21/2020

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title CHAIRMAN
Name SALUJA, ARJUN
Address 10300 S.W. 216 STREET
City-State-Zip: MIAMI FL 33190

Title 1ST VICE CHAIRMAN
Name COLDREN, JEFFREY
Address 10300 S.W. 216 STREET
City-State-Zip: MIAMI FL 33190

Title 2ND VICE CHAIRMAN
Name TORRENS, LUIS
Address 10300 S.W. 216 STREET
City-State-Zip: MIAMI FL 33190

Title TREASURER
Name SAINT SYR, CARLO
Address 10300 S.W. 216 STREET
City-State-Zip: MIAMI FL 33190

Title SECRETARY
Name GARZA, MARIA
Address 10300 S.W. 216 STREET
City-State-Zip: MIAMI FL 33190

Title PRESIDENT
Name HARTLEY, BRODES H JR.
Address 10300 S.W. 216 STREET
City-State-Zip: MIAMI FL 33190

Title COO
Name HALL, ANTHONY BLAKE
Address 10300 S.W. 216 STREET
City-State-Zip: MIAMI FL 33190

Title VP OF FINANCE
Name RADZIEWICZ, JEREMY DAVID
Address 10300 S.W. 216 STREET
City-State-Zip: MIAMI FL 33190

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: JEREMY RADZIEWICZ

VP OF FINANCE

04/21/2020

Electronic Signature of Signing Officer/Director Detail

Date