

2013 FLORIDA NOT FOR PROFIT CORPORATION AMENDED 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 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

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 06/28/2013

Electronic Signature of Signing Officer/Director Detail

Date