2023 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: Yes

Name and Address of Current Registered Agent:

HALL, ANTHONY BLAKE 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: ANTHONY BLAKE HALL 05/01/2023

Electronic Signature of Registered Agent

Date

Date

FILED May 01, 2023

Secretary of State

8226603619CC

Officer/Director Detail:

TitleCHAIRMANTitle1ST VICE CHAIRMANNameCOLDREN, JEFFREYNameSAINT CYR, CARLOAddress10300 S.W. 216 STREETAddress10300 S.W. 216 STREET

City-State-Zip: MIAMI FL 33190 City-State-Zip: MIAMI FL 33190

TitleTREASURERTitlePRESIDENT & CEONameGANCEDO, JOSENameHALL, ANTHONY BLAKEAddress10300 S.W. 216 STREETAddress10300 S.W. 216 STREET

City-State-Zip: MIAMI FL 33190 City-State-Zip: MIAMI FL 33190

TitleCFOTitle2ND VICE CHAIRNameRADZIEWICZ, JEREMY DAVIDNameWINDSOR, NATALIE

Address 10300 S.W. 216 STREET Address 10300 SW 216 STREET

City-State-Zip: MIAMI FL 33190 City-State-Zip: MIAMI FL 33190

Electronic Signature of Signing Officer/Director Detail

Title SECRETARY

Name GONZALEZ, CLAUDIA Address 10300 SW 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: ANTHONY BLAKE HALL CEO 05/01/2023