

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 738164

Entity Name: MIAMI BEACH COMMUNITY HEALTH CENTER INC.**Current Principal Place of Business:**11645 BISCAYNE BLVD
207
NORTH MIAMI, FL 33181**Current Mailing Address:**11645 BISCAYNE BLVD
207
NORTH MIAMI, FL 33181**FEI Number:** 59-1829984**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**DILLON, WILLIAM P
2618 CENTENNIAL PLACE
TALLAHASSEE, FL 32308 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 DIRECTOR, SECRETARY
Name NOTKIN, MYRIAM
Address 8777 COLLINS AVENUE
City-State-Zip: SURSIDE FL 33154

Title DIRECTOR
Name GROSS, JANE D
Address 2900 FLAMINGO DR
City-State-Zip: MIAMI BEACH FL 33140

Title DIRECTOR
Name DEUTSCH, MELVIN PDC
Address 5660 COLLINS AVE. # 4D
City-State-Zip: MIAMI BEACH FL 33140

Title DIRECTOR
Name ARROYO, VICTORIA E
Address 567 NW 90TH ST
#1
City-State-Zip: EL PORTAL FL 33150

Title DIRECTOR
Name CABRERA, RAFAEL
Address 8340 SW 154TH AVENUE #160
City-State-Zip: MIAMI FL 33193

Title DIRECTOR, TREASURER
Name CHAMBERLAIN, DAVID
Address 8220 SW 160TH STREET
City-State-Zip: PALMETTO BAY FL 33157

Title DIRECTOR
Name GERSTEN, DAVID M
Address 9102 W BAY HARBOR DRIVE
City-State-Zip: BAY HARBOR ISLANDS FL 33154

Title DIRECTOR, VC
Name GIBB, THERESE
Address 8866 HAWTHORNE AVENUE
City-State-Zip: SURFSIDE FL 33154

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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: BRIAN MORTON

CFO

01/08/2014

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name GREEN, MONA
Address 619 NW 130 WAY
City-State-Zip: PEMBROKE PINES FL 33028

Title DIRECTOR
Name NOVAK, DENISE
Address 1308 BISCAYA DRIVE
City-State-Zip: SURFSIDE FL 33154

Title DIRECTOR, CHAIRMAN
Name RUBINSON, MITCHELL
Address 3525 FLAMINGO DRIVE
City-State-Zip: MIAMI BEACH FL 33140

Title INTERIM CEO
Name RABINOWITZ, MARK DR.
Address 11645 BISCAYNE BLVD.
SUITE 207
City-State-Zip: MIAMI FL 33181

Title CFO
Name MORTON, BRIAN
Address 11645 BISCAYNE BLVD
SUITE 207
City-State-Zip: MIAMI FL 33181

Title DIRECTOR
Name LORA, JULIO
Address 300 74TH STREET #11
City-State-Zip: MIAMI BEACH, FL FL 33141

Title DIRECTOR
Name ROSEN, ROBERT R DR.
Address 4000 TOWERSIDE TERRACE, #2207
City-State-Zip: MIAMI FL 33138

Title DIRECTOR
Name SAINT GERARD, YVONNE
Address 655 NW 56TH STREET #102
City-State-Zip: MIAMI FL 33127

Title DIRECTOR
Name SILVA, EFFIE
Address 11925 NE 5TH AVENUE
City-State-Zip: MIAMI FL 33161