

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 738164

Entity Name: MIAMI BEACH COMMUNITY HEALTH CENTER INC.

FILED
Feb 08, 2016
Secretary of State
CC4748530458

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: No

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 DEUTSCH, MELVIN P DC
Address 5660 COLLINS AVE. # 4D
City-State-Zip: MIAMI BEACH FL 33140

Title DIRECTOR
Name ARROYO, VICTORIA E
Address 1041 NW 34 STREET
City-State-Zip: MIAMI FL 33127

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

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

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

Continues on page 2

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: MARK DELVAUX

**CHIEF FINANCIAL
OFFICER**

02/08/2016

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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

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

Title DIRECTOR
Name LAMBERT, BARBARA
Address 3870 AMALFI DRIVE
City-State-Zip: HOLLYWOOD FL 33021

Title CFO
Name DELVAUX, MARK
Address 11645 BISCAYNE BOULEVARD, SUITE 207
City-State-Zip: MIAMI FL 33181

Title DIRECTOR
Name SAINT GERARD, YVONNE
Address 1135 NE 110 STREET, #3
City-State-Zip: MIAMI FL 33161

Title DIRECTOR
Name MASSEY, DAVID ESQ.
Address 475 BRICKELL AVENUE, #2211
City-State-Zip: MIAMI FL 33131

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