

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 738164

FILED
Jan 22, 2013
Secretary of State
CC7324009821

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 T
Name NOTKIN, MYRIAM
Address 8777 COLLINS AVENUE
City-State-Zip: SURSIDE FL 33154

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

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

Title S
Name ELIAS, WILLIAM
Address 1545 EUCLID AVE
City-State-Zip: MIAMI BEACH FL 33139

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
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

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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: MARK RABINOWITZ

INTERIM CEO

01/22/2013

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
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 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 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
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