

**2019 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# 738164

**Entity Name:** MIAMI BEACH COMMUNITY HEALTH CENTER INC.

**FILED**  
**Aug 09, 2019**  
**Secretary of State**  
**6852708497CC**

**Current Principal Place of Business:**

11645 BISCAYNE BLVD  
207  
NORTH MIAMI, FL 33181

**Current Mailing Address:**

11645 BISCAYNE BLVD  
207  
NORTH MIAMI, FL 33181 US

**FEI Number: 59-1829984**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

DILLON, WILLIAM P  
215 S MONROE ST STE 601  
TALLAHASSEE, FL 32301 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, 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 NOVAK, DENISE  
Address 1308 BISCAYA DRIVE  
City-State-Zip: SURFSIDE FL 33154

Title DIRECTOR, CHAIRMAN  
Name RUBINSON, MITCHELL  
Address 6109 LAGUNA DRIVE WEST  
City-State-Zip: MIAMI BEACH FL 33141

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

**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: ALAN PATRICK LAYNG**

**CFO**

**08/09/2019**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name MASSEY, DAVID ESQ.  
Address 200 BISCAYNE BLVD. WAY, #307  
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

Title DIRECTOR  
Name PENZELL, BEVERLY  
Address 3024 NE QUAYSIDE LANE  
City-State-Zip: MIAMI FL 33138

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

Title CFO  
Name LAYNG, ALAN PATRICK  
Address 11645 BISCAYNE BOULEVARD, SUITE  
207  
City-State-Zip: MIAMI FL 33181