

**2014 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# 738164

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

**FILED**  
**Mar 27, 2014**  
**Secretary of State**  
**CC5062402120**

**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 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

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

**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: BRIAN MORTON**

**CFO**

**03/27/2014**

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

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

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 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