FEI Number: 59-3674428			Certificate of Status Desired	d: No
Name and A	Address of Current Registered Agen	t:		
PASCHAL, III, F 1744 NW 192 S OPA LOCKA, F	ST			
The above named	d entity submits this statement for the purpose of chan	nging its registered office or regis	tered agent, or both, in the State of Florida	
SIGNATURE	E:			
	Electronic Signature of Registered Agent			Date
Officer/Dire	ctor Detail :			
Title	S	Title	т	
Name	PASCHAL, FLETCHER AIV	Name	PASCHAL, FLETCHER III	
Address	1744 NORTHWEST 192ND STREET	Address	1744 NW 192ND STREET	
City-State-Zip:	MIAMI FL 33056	City-State-Zip:	MIAMI FL 33056	
Title	D			
Name	THOMAS-PASCHAL, ROZALYN A MD			
Address	1744 NW 192ND STREET			
City-State-Zip:	MIAMI FL 33056			

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: FLETCHER PASCHAL

Electronic Signature of Signing Officer/Director Detail

**Current Mailing Address:** 

7900 NW 27TH AVE

MIAMI, FL 33147

STE 70

1744 NW 192ND ST. MIAMI GARDENS, FL 33056 US

DOCUMENT# N0000006456

**Current Principal Place of Business:** 

2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

Entity Name: LENORA P. JOHNSON COMMUNITY HEALTH TRUST, INC

## FILED Jul 18, 2022 **Secretary of State** 5470713618CC

Date

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07/18/2022