	e 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 er 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 A PASCHAL IV	S	04/17/2018			

Electronic Signature of Signing Officer/Director Detail

	Electronic Signature of Registered Agent				
Officer/Dired	Officer/Director 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	6	Title	D		
Tille	C	The	D		
Name	PASCHAL, ROZALYN H MD	Name	THOMAS-PASCHAL, ROZALYN A M	D	
Address	1744 NW 192ND STREET	Address	1744 NW 192ND STREET		
City-State-Zip:	MIAMI FL 33056	City-State-Zip:	MIAMI FL 33056		

Name and Address of Current Registered Agent:

PASCHAL, III, FLETCHER A 1744 NW 192 ST OPA LOCKA, FL 33056 US

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N0000006456

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

Current Principal Place of Business:

7900 NW 27TH AVE STE 70 MIAMI, FL 33147

Current Mailing Address:

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

FEI Number: 59-3674428

FILED Apr 17, 2018 Secretary of State CC8809290425

Certificate of Status Desired: No

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

S

Date