

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N16000010187

**Entity Name:** NORTHWEST COMMUNITY HEALTH CENTER, INC.

**Current Principal Place of Business:**

409 N. ROSEMARY AVENUE  
WEST PALM BEACH, FL 33401

**Current Mailing Address:**

409 N. ROSEMARY AVENUE  
WEST PALM BEACH, FL 33401

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525 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 D  
Name DAVIS, RONALD  
Address 500 S. AUSTRALIAN AVENUE #618  
City-State-Zip: WEST PALM BEACH FL 33401

Title D  
Name FORD, HAROLD JR.  
Address 944 SOUTH MILITARY TRAIL  
City-State-Zip: WEST PALM BEACH FL 33415

Title D  
Name HUTCHINSON, PHILLIP H  
Address 777 SOUTH FLAGLER DRIVE #300E  
City-State-Zip: WEST PALM BEACH FL 33411

*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: RONALD DAVIS**

**DIRECTOR**

**04/21/2017**

Electronic Signature of Signing Officer/Director Detail

Date