

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N20000002623

Entity Name: HOMESTEAD COMMUNITY HEALTH CENTER, INC.

Current Principal Place of Business:

151 NW 11 ST, E400
HOMESTEAD, FL 33030

Current Mailing Address:

151 NW 11 ST, E400
HOMESTEAD, FL 33030 US

FEI Number: 85-2514662

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

SAXON, KYLE R ESQ
2121 PONCE DE LEON BLVD, STE 740
CORAL GABLES, FL 33134 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 CHAMBERS, WILLIAM L
Address 6855 RED RD, STE 600
City-State-Zip: CORAL GABLES FL 33143

Title ST
Name CADMAN, GEORGE E III
Address 6855 RED RD, STE 600
City-State-Zip: CORAL GABLES FL 33143

Title CEO
Name SPELL, KENNETH R
Address 6855 RED RD, STE 600
City-State-Zip: CORAL GABLES FL 33143

Title EXECUTIVE DIRECTOR
Name GALLO, BARBARA
Address 151 NW 11 ST, E400
City-State-Zip: HOMESTEAD FL 33030

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: BARBARA GALLO

EXECUTIVE DIRECTOR

01/29/2024

Electronic Signature of Signing Officer/Director Detail

Date