

MIAMIBEACH

PLANNING DEPARTMENT

1700 Convention Center Drive, Miami Beach, Florida 33139; Tel: 305.673.7550; Web: www.miamibeachfl.gov/planning

LAND USE BOARD HEARING APPLICATION

The following application is submitted for review and consideration of the project described herein by the land use board selected below. A separate application must be completed for each board reviewing the proposed project.

Application Information			
FILE NUMBER ZBA20-0124		Is the property the primary residence & homestead of the applicant/property owner? Yes <input type="checkbox"/> No <input type="checkbox"/> (if "Yes," provide office of the property appraiser summary report)	
Board of Adjustment <input type="checkbox"/> Variance from a provision of the Land Development Regulations <input type="checkbox"/> Appeal of an administrative decision <input type="checkbox"/> Modification of existing Board Order		Design Review Board <input type="checkbox"/> Design review approval <input type="checkbox"/> Variance <input type="checkbox"/> Modification of existing Board Order	
Planning Board <input type="checkbox"/> Conditional Use Permit <input type="checkbox"/> Lot Split <input type="checkbox"/> Amendment to the Land Development Regulations or Zoning Map <input type="checkbox"/> Amendment to the Comprehensive Plan or Future Land Use Map <input type="checkbox"/> Modification of existing Board Order		Historic Preservation Board <input type="checkbox"/> Certificate of Appropriateness for design <input type="checkbox"/> Certificate of Appropriateness for demolition <input type="checkbox"/> Historic District/Site Designation <input type="checkbox"/> Variance <input type="checkbox"/> Modification of existing Board Order	
Other:			
Property Information – Please attach Legal Description as "Exhibit A"			
ADDRESS OF PROPERTY 1427 Alton Road			
FOLIO NUMBER(S) 02-4203-009-9120			
Property Owner Information			
PROPERTY OWNER NAME OHR Beach Corp			
ADDRESS 1228 Alton Road		CITY Miami Beach	STATE FL
ZIP CODE 33139			
BUSINESS PHONE 305 374 5300	CELL PHONE	EMAIL ADDRESS jimmyresnick@hotmail.com	
Applicant Information (if different than owner)			
APPLICANT NAME Care Resource Community Health Centers Incorporated			
ADDRESS 3510 Biscayne Boulevard		CITY Miami	STATE FL
ZIP CODE 33137			
BUSINESS PHONE 305-576-1234	CELL PHONE	EMAIL ADDRESS sstein@careresource.org	
Summary of Request			
PROVIDE A BRIEF SCOPE OF REQUEST Variance from spacing requirements applicable to pharmacies under section 142-1502(b)(5).			

Project Information				
Is there an existing building(s) on the site?		<input type="checkbox"/> Yes		No
If previous answer is "Yes", is the building architecturally significant per sec. 142-108?		Yes		<input type="checkbox"/> No
Does the project include interior or exterior demolition?		Yes		<input type="checkbox"/> No
Provide the total floor area of the new construction.				SQ. FT.
Provide the gross floor area of the new construction (including required parking and all usable area).				SQ. FT.
Party responsible for project design				
NAME Francilis J. Domond		<input type="checkbox"/> Architect Contractor Landscape Architect <input type="checkbox"/> Engineer Tenant Other _____		
ADDRESS 2020 Ponce de Leon Blvd Suite 1103		CITY Coral Gables	STATE FL	ZIPCODE 33134
BUSINESS PHONE 305 546 7281	CELL PHONE	EMAIL ADDRESS fdomond@dnbdesigngroup.com		
Authorized Representative(s) Information (if applicable)				
NAME Michael Larkin		<input type="checkbox"/> Attorney Contact <input type="checkbox"/> Agent Other _____		
ADDRESS 200 S Biscayne Boulevard Suite 300		CITY Miami	STATE FL	ZIPCODE 33131
BUSINESS PHONE 304 374 5300	CELL PHONE	EMAIL ADDRESS mlarkin@brzoninglaw.com		
NAME Nicholas Rodriguez		<input type="checkbox"/> Attorney Contact <input type="checkbox"/> Agent Other _____		
ADDRESS 200 S Biscayne Boulevard Suite 300		CITY Miami	STATE FL	ZIPCODE 33131
BUSINESS PHONE 305 374 5300	CELL PHONE	EMAIL ADDRESS nrodriguez@brzoninglaw.com		
NAME		<input type="checkbox"/> Attorney Contact <input type="checkbox"/> Agent Other _____		
ADDRESS		CITY	STATE	ZIPCODE
BUSINESS PHONE	CELL PHONE	EMAIL ADDRESS		

Please note the following information:

A separate disclosure of interest form must be submitted with this application if the applicant or owner is a corporation, partnership, limited partnership or trustee.

All applicable affidavits must be completed and the property owner must complete and sign the "Power of Attorney" portion of the affidavit if they will not be present at the hearing, or if other persons are speaking on their behalf.

To request this material in alternate format, sign language interpreter (five-day notice is required), information on access for persons with disabilities, and accommodation to review any document or participate in any City sponsored proceedings, call 305.604.2489 and select (1) for English or (2) for Spanish, then option 6; TTY users may call via 711 (Florida Relay Service).

Please read the following and acknowledge below:

Applications for any board hearing(s) will not be accepted without payment of the required fees. All checks are to be made payable to the "City of Miami Beach".

All disclosures must be submitted in CMB Application format and be consistent with CMB Code Sub-part A Section 2-482(c):

- (c) If the lobbyist represents a corporation, partnership or trust, the chief officer, partner or beneficiary shall also be identified. Without limiting the foregoing, the lobbyist shall also identify all persons holding, directly or indirectly, a five percent or more ownership interest in such corporation, partnership, or trust.

Public records notice – All documentation submitted for this application is considered a public record subject to Chapter 119 of the Florida Statutes and shall be disclosed upon request.

In accordance with the requirements of Section 2-482 of the code of the City of Miami Beach, any individual or group that will be compensated to speak or refrain from speaking in favor or against an application being presented before any of the City's land use boards, shall fully disclose, prior to the public hearing, that they have been, or will be compensated. Such parties include: architects, engineers, landscape architects, contractors, or other persons responsible for project design, as well as authorized representatives attorneys or agents and contact persons who are representing or appearing on behalf of a third party; such individuals must register with the City Clerk prior to the hearing.


In accordance with Section 118-31. – Disclosure Requirement. Each person or entity requesting approval, relief or other action from the Planning Board, Design Review Board, Historic Preservation Board or the Board of Adjustment shall disclose, at the commencement (or continuance) of the public hearing(s), any consideration provided or committed, directly or on its behalf, for an agreement to support or withhold objection to the requested approval, relief or action, excluding from this requirement consideration for legal or design professional service rendered or to be rendered. The disclosure shall: (I) be in writing, (II) indicate to whom the consideration has been provided or committed, (III) generally describe the nature of the consideration, and (IV) be read into the record by the requesting person or entity prior to submission to the secretary/clerk of the respective board. Upon determination by the applicable board that the foregoing disclosure requirement was not timely satisfied by the person or entity requesting approval, relief or other action as provided above, then (I) the application or order, as applicable, shall immediately be deemed null and void without further force or effect, and (II) no application form said person or entity for the subject property shall be reviewed or considered by the applicable board(s) until expiration of a period of one year after the nullification of the application or order. It shall be unlawful to employ any device, scheme or artifice to circumvent the disclosure requirements of this section and such circumvention shall be deemed a violation of the disclosure requirements of this section.

When the applicable board reaches a decision a final order will be issued stating the board's decision and any conditions imposed therein. The final order will be recorded with the Miami-Dade Clerk of Courts. The original board order shall remain on file with the City of Miami Beach Planning Department. Under no circumstances will a building permit be issued by the City of Miami Beach without a copy of the recorded final order being included and made a part of the plans submitted for a building permit.

The aforementioned is acknowledged by:

Owner of the subject property

Authorized representative


 Rick Siclari, CEO
 Care Resource Community Health Centers Incorporated
 (Tenant)

SIGNATURE

PRINT NAME

12/9/2020

DATE SIGNED

OWNER AFFIDAVIT FOR INDIVIDUAL OWNER

STATE OF _____

COUNTY OF _____

I, _____, being first duly sworn, depose and certify as follows: (1) I am the owner of the property that is the subject of this application. (2) This application and all information submitted in support of this application, including sketches, data, and other supplementary materials, are true and correct to the best of my knowledge and belief. (3) I acknowledge and agree that, before this application may be publicly noticed and heard by a land development board, the application must be complete and all information submitted in support thereof must be accurate. (4) I also hereby authorize the City of Miami Beach to enter my property for the sole purpose of posting a Notice of Public Hearing on my property, as required by law. (5) I am responsible for remove this notice after the date of the hearing.

SIGNATURE

Sworn to and subscribed before me this _____ day of _____, 20____. The foregoing instrument was acknowledged before me by _____, who has produced _____ as identification and/or is personally known to me and who did/did not take an oath.

NOTARY SEAL OR STAMP

NOTARY PUBLIC

My Commission Expires: _____

PRINT NAME**ALTERNATE OWNER AFFIDAVIT FOR CORPORATION, PARTNERSHIP OR LIMITED LIABILITY COMPANY**STATE OF FloridaCOUNTY OF Miami-Dade

I, Rick Siclari, being first duly sworn, depose and certify as follows: (1) I am the CEO (print title) of Care Resource Community Health Centers Incorporated (print name of corporate entity). (2) I am authorized to file this application on behalf of such entity. (3) This application and all information submitted in support of this application, including sketches, data, and other supplementary materials, are true and correct to the best of my knowledge and belief. (4) The corporate entity named herein is the owner of the property that is the subject of this application. (5) I acknowledge and agree that, before this application may be publicly noticed and heard by a land development board, the application must be complete and all information submitted in support thereof must be accurate. (6) I also hereby authorize the City of Miami Beach to enter my property for the sole purpose of posting a Notice of Public Hearing on my property, as required by law. (7) I am responsible for remove this notice after the date of the hearing.

Rick Siclari, CEO
Care Resource Community Health Centers Incorporated
(Tenant)

SIGNATURE

Sworn to and subscribed before me this 9 day of December, 2020. The foregoing instrument was acknowledged before me by Rick Siclari, who has produced _____ as identification and/or is personally known to me and who did/did not take an oath.

NOTARY SEAL OR STAMP

NOTARY PUBLIC

My Commission Expires: _____

PRINT NAME

POWER OF ATTORNEY AFFIDAVIT

STATE OF Florida
 COUNTY OF Miami-Dade
 I, Rick Siclari

, being first duly sworn, depose and certify as follows: (1) I am the owner or representative of the owner of the real property that is the subject of this application. (2) I hereby authorize Michael Larkin and Nicholas Rodriguez to be my representative before the Board of Adjustment Board. (3) I also hereby authorize the City of Miami Beach to enter my property for the sole purpose of posting a Notice of Public Hearing on my property, as required by law. (4) I am responsible for remove this notice after the date of the hearing.

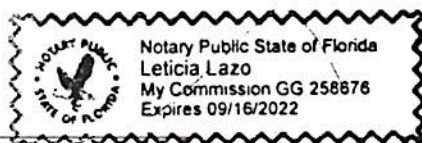
Rick Siclari, CEO
 Care Resource Community Health Centers Incorporated
 (Tenant)

PRINT NAME (and Title, if applicable)

SIGNATURE

Sworn to and subscribed before me this 9 day of December, 2020. The foregoing instrument was acknowledged before me by Rick Siclari, who has produced _____ as identification and/or is personally known to me and who did/did not take an oath.

NOTARY SEAL OR STAMP



My Commission Expires: _____

NOTARY PUBLIC

PRINT NAME

CONTRACT FOR PURCHASE

If the applicant is not the owner of the property, but the applicant is a party to a contract to purchase the property, whether or not such contract is contingent on this application, the applicant shall list the names of the contract purchasers below, including any and all principal officers, stockholders, beneficiaries or partners. If any of the contact purchasers are corporations, partnerships, limited liability companies, trusts, or other corporate entities, the applicant shall further disclose the identity of the individuals(s) (natural persons) having the ultimate ownership interest in the entity. If any contingency clause or contract terms involve additional individuals, corporations, partnerships, limited liability companies, trusts, or other corporate entities, list all individuals and/or corporate entities.

NAME

DATE OF CONTRACT

NAME, ADDRESS AND OFFICE

% OF STOCK

In the event of any changes of ownership or changes in contracts for purchase, subsequent to the date that this application if filed, but prior to the date of a final public hearing, the applicant shall file a supplemental disclosure of interest.

DISCLOSURE OF INTEREST
CORPORATION, PARTNERSHIP OR LIMITED LIABILITY COMPANY

If the property that is the subject of the application is owned or leased by a corporation, partnership or limited liability company, list ALL of the owners, shareholders, partners, managers and/or members, and the percentage of ownership held by each. If the owners consist of one or more corporations, partnerships, trusts, partnerships or other corporate entities, the applicant shall further disclose the identity of the individual(s) (natural persons) having the ultimate ownership interest in the entity.

Care Resource Community Health Centers Incorporated

NAME OF CORPORATE ENTITY

NAME AND ADDRESS

% OF OWNERSHIP

See Exhibit B.

NAME OF CORPORATE ENTITY

NAME AND ADDRESS

% OF OWNERSHIP

If there are additional corporate owners, list such owners, including corporate name and the name, address and percentage of ownership of each additional owner, on a separate page.

DISCLOSURE OF INTEREST
TRUSTEE

If the property that is the subject of the application is owned or leased by a trust, list any and all trustees and beneficiaries of the trust, and the percentage of interest held by each. If the owners consist of one or more corporations, partnerships, trusts, partnerships or other corporate entities, the applicant shall further disclose the identity of the individual(s) (natural persons) having the ultimate ownership interest in the entity.

TRUST NAME	
NAME AND ADDRESS	% INTEREST

COMPENSATED LOBBYIST

Pursuant to Section 2-482 of the Miami Beach City Code, all lobbyists shall, before engaging in any lobbying activities, register with the City Clerk. Please list below any and all persons or entities retained by the applicant to lobby City staff or any of the City's land development boards in support of this application.

NAME	ADDRESS	PHONE
<u>Michael Larkin</u>	<u>200 S Biscayne Boulevard Suite 300</u>	<u>305 374 5300</u>
<u>Nicholas Rodriguez</u>	<u>200 S Biscayne Boulevard Suite 300</u>	<u>305 374 5300</u>
_____	_____	_____

Additional names can be placed on a separate page attached to this application.

APPLICANT HEREBY ACKNOWLEDGES AND AGREES THAT (1) AN APPROVAL GRANTED BY A LAND DEVELOPMENT BOARD OF THE CITY SHALL BE SUBJECT TO ANY AND ALL CONDITIONS IMPOSED BY SUCH BOARD AND BY ANY OTHER BOARD HAVING JURISDICTION, AND (2) APPLICANT'S PROJECT SHALL COMPLY WITH THE CODE OF THE CITY OF MIAMI BEACH AND ALL OTHER APPLICABLE CITY, STATE AND FEDERAL LAWS.

APPLICANT AFFIDAVIT

STATE OF Florida
COUNTY OF Miami-Dade

* Rick Siclari, CEO
Care Resource Community Health Centers Incorporated
(Tenant)

I, Rick Siclari*

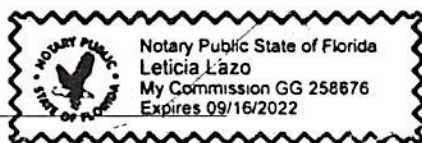
, being first duly sworn, depose and certify as follows: (1) I am the applicant or representative of the applicant. (2) This application and all information submitted in support of this application, including sketches, data, and other supplementary materials, are true and correct to the best of my knowledge and belief.

[Signature]
SIGNATURE

Sworn to and subscribed before me this 9 day of December, 2020. The foregoing instrument was acknowledged before me by Rick Siclari, who has produced _____ as identification and/or is personally known to me and who did/did not take an oath.

NOTARY SEAL OR STAMP

My Commission Expires: _____



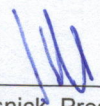
[Signature]
NOTARY PUBLIC
Leticia Lazo
PRINT NAME

Please read the following and acknowledge below:

- Applications for any board hearing(s) will not be accepted without payment of the required fees. All checks are to be made payable to the "City of Miami Beach".
- All disclosures must be submitted in CMB Application format and be consistent with CMB Code Sub-part A Section 2-482(c):
 - (c) If the lobbyist represents a corporation, partnership or trust, the chief officer, partner or beneficiary shall also be identified. Without limiting the foregoing, the lobbyist shall also identify all persons holding, directly or indirectly, a five percent or more ownership interest in such corporation, partnership, or trust.
- Public records notice – All documentation submitted for this application is considered a public record subject to Chapter 119 of the Florida Statutes and shall be disclosed upon request.
- In accordance with the requirements of Section 2-482 of the code of the City of Miami Beach, any individual or group that will be compensated to speak or refrain from speaking in favor or against an application being presented before any of the City's land use boards, shall fully disclose, prior to the public hearing, that they have been, or will be compensated. Such parties include: architects, engineers, landscape architects, contractors, or other persons responsible for project design, as well as authorized representatives attorneys or agents and contact persons who are representing or appearing on behalf of a third party; such individuals must register with the City Clerk prior to the hearing.
- In accordance with Section 118-31. – Disclosure Requirement. Each person or entity requesting approval, relief or other action from the Planning Board, Design Review Board, Historic Preservation Board or the Board of Adjustment shall disclose, at the commencement (or continuance) of the public hearing(s), any consideration provided or committed, directly or on its behalf, for an agreement to support or withhold objection to the requested approval, relief or action, excluding from this requirement consideration for legal or design professional service rendered or to be rendered. The disclosure shall: (I) be in writing, (II) indicate to whom the consideration has been provided or committed, (III) generally describe the nature of the consideration, and (IV) be read into the record by the requesting person or entity prior to submission to the secretary/clerk of the respective board. Upon determination by the applicable board that the foregoing disclosure requirement was not timely satisfied by the person or entity requesting approval, relief or other action as provided above, then (I) the application or order, as applicable, shall immediately be deemed null and void without further force or effect, and (II) no application form said person or entity for the subject property shall be reviewed or considered by the applicable board(s) until expiration of a period of one year after the nullification of the application or order. It shall be unlawful to employ any device, scheme or artifice to circumvent the disclosure requirements of this section and such circumvention shall be deemed a violation of the disclosure requirements of this section.
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The aforementioned is acknowledged by:

☒ Owner of the subject property ☐ Authorized representative


James Resnick, President

SIGNATURE

PRINT NAME

12-8-20

DATE SIGNED

OWNER AFFIDAVIT FOR INDIVIDUAL OWNER

STATE OF _____

COUNTY OF _____

I, _____, being first duly sworn, depose and certify as follows: (1) I am the owner of the property that is the subject of this application. (2) This application and all information submitted in support of this application, including sketches, data, and other supplementary materials, are true and correct to the best of my knowledge and belief. (3) I acknowledge and agree that, before this application may be publicly noticed and heard by a land development board, the application must be complete and all information submitted in support thereof must be accurate. (4) I also hereby authorize the City of Miami Beach to enter my property for the sole purpose of posting a Notice of Public Hearing on my property, as required by law. (5) I am responsible for remove this notice after the date of the hearing.

SIGNATURE

Sworn to and subscribed before me this _____ day of _____, 20____. The foregoing instrument was acknowledged before me by _____, who has produced _____ as identification and/or is personally known to me and who did/did not take an oath.

NOTARY SEAL OR STAMP

NOTARY PUBLIC

My Commission Expires: _____

PRINT NAME**ALTERNATE OWNER AFFIDAVIT FOR CORPORATION, PARTNERSHIP OR LIMITED LIABILITY COMPANY**STATE OF FloridaCOUNTY OF Miami-Dade

I, James Resnick, being first duly sworn, depose and certify as follows: (1) I am the President (print title) of OHR Beach Corp. (print name of corporate entity). (2) I am authorized to file this application on behalf of such entity. (3) This application and all information submitted in support of this application, including sketches, data, and other supplementary materials, are true and correct to the best of my knowledge and belief. (4) The corporate entity named herein is the owner of the property that is the subject of this application. (5) I acknowledge and agree that, before this application may be publicly noticed and heard by a land development board, the application must be complete and all information submitted in support thereof must be accurate. (6) I also hereby authorize the City of Miami Beach to enter my property for the sole purpose of posting a Notice of Public Hearing on my property, as required by law. (7) I am responsible for remove this notice after the date of the hearing.

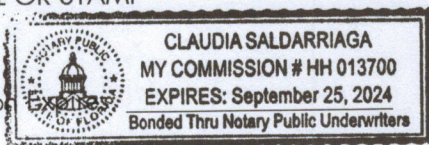
SIGNATURE

Sworn to and subscribed before me this 9 day of December, 2020. The foregoing instrument was acknowledged before me by _____, who has produced _____ as identification and/or is personally known to me and who did/did not take an oath.

NOTARY SEAL OR STAMP

NOTARY PUBLIC

My Commission

**PRINT NAME**

POWER OF ATTORNEY AFFIDAVIT

STATE OF Florida
 COUNTY OF Miami-Dade
 I, James Resnick

, being first duly sworn, depose and certify as follows: (1) I am the owner or representative of the owner of the real property that is the subject of this application. (2) I hereby authorize Michael Larkin and Nicholas Rodriguez to be my representative before the Board of Adjustment Board. (3) I also hereby authorize the City of Miami Beach to enter my property for the sole purpose of posting a Notice of Public Hearing on my property, as required by law. (4) I am responsible for remove this notice after the date of the hearing.

James Resnick, President

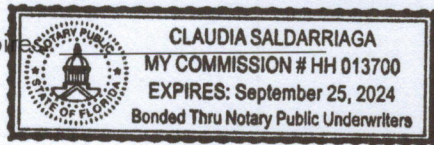
PRINT NAME (and Title, if applicable)

SIGNATURE

Sworn to and subscribed before me this 9 day of December, 2020. The foregoing instrument was acknowledged before me by _____, who has produced _____ as identification and/or is personally known to me and who did/did not take an oath.

NOTARY SEAL OR STAMP

My Commission Expires



[Signature]
NOTARY PUBLIC

CLAUDIA SALDARRIAGA
PRINT NAME

CONTRACT FOR PURCHASE

If the applicant is not the owner of the property, but the applicant is a party to a contract to purchase the property, whether or not such contract is contingent on this application, the applicant shall list the names of the contract purchasers below, including any and all principal officers, stockholders, beneficiaries or partners. If any of the contact purchasers are corporations, partnerships, limited liability companies, trusts, or other corporate entities, the applicant shall further disclose the identity of the individuals(s) (natural persons) having the ultimate ownership interest in the entity. If any contingency clause or contract terms involve additional individuals, corporations, partnerships, limited liability companies, trusts, or other corporate entities, list all individuals and/or corporate entities.

NAME

DATE OF CONTRACT

NAME, ADDRESS AND OFFICE

% OF STOCK

In the event of any changes of ownership or changes in contracts for purchase, subsequent to the date that this application if filed, but prior to the date of a final public hearing, the applicant shall file a supplemental disclosure of interest.

DISCLOSURE OF INTEREST
CORPORATION, PARTNERSHIP OR LIMITED LIABILITY COMPANY

If the property that is the subject of the application is owned or leased by a corporation, partnership or limited liability company, list ALL of the owners, shareholders, partners, managers and/or members, and the percentage of ownership held by each. If the owners consist of one or more corporations, partnerships, trusts, partnerships or other corporate entities, the applicant shall further disclose the identity of the individual(s) (natural persons) having the ultimate ownership interest in the entity.

OHR Beach Corp.

NAME OF CORPORATE ENTITY

NAME AND ADDRESS	% OF OWNERSHIP
See Exhibit C	

NAME OF CORPORATE ENTITY

NAME AND ADDRESS	% OF OWNERSHIP

If there are additional corporate owners, list such owners, including corporate name and the name, address and percentage of ownership of each additional owner, on a separate page.

Exhibit A
Legal Description

Lots 13, 14, 15, 16, 17, 18, 19 and 20 in Block 109, of OCEAN BEACH ADDITION NO. 3, according to the Plat thereof, as recorded in Plat Book 2, at Page 81, of the Public Records of Dade County, Florida.

Exhibit B

Your Community's Source
for Healthcare

Board of Directors 2020-2021

Name	Address	Position on Board	Tenure	Employment	Race/ Ethnicity Gender
Ana Garcia, PhD	130 NE 133 Street Miami, FL 33161 (305) 243-2758 (305) 213-4867 agarcia2@med.miami.edu anag1120@att.net	Vice- President	13 Years Term exp. 6/22 Officer term exp. 6/21	Professor	H - F
Russell Corbett	1780 NE 137 th Terrace North Miami, FL 33181-1312 (305) 332-5726—mobile fernhall@bellsouth.net	President/ Chair	35 Years Term exp. 6/22 Officer term exp. 6/22	Retired Postal Employee	W - M
Daniel Falcon	6061 Collins Avenue, #8B Miami Beach, FL 33140 305-582-4842 DanFalcon1@aol.com	Secretary	13 Years Term exp. 6/22 Officer term exp. 6/22	Senior Programmer Analyst, University of Miami	H – M
Sonja Batteen (Smith)	3215 Coco Plum Circle Coconut Creek, FL 33063 954-709-7333 sonjasmithcare@gmail.com SonjaS125@gmail.com	Member	10 Years Term exp. 6/22	Self-Employed Communications Consultant	B- F
Anthony Hernandez	10701 SW 228 Terrace Miami, FL. 33170 305-331-4883 Hernandez8388@me.com	Member	10 Years Term exp. 6/22	Dir. of Human Resources/Risk Mgmt. & Section 8 – HCV Prgm., City of M.B. Housing Authority	H - M
Jay Beskin	5319 Falcon Trail, Davie, FL. 33314 305-495-9036 Work: 3107 Stirling Rd., Suite 308 Ft. Lauderdale, FL. 33312 Phone: 954-861-1426 Fax: 954-556-5227 JBeskin@RarickLaw.com	Treasurer	5 Years Term exp. 6/21 Officer term exp. 6/22	Attorney, Rarick & Beskin P.A	W-M
Rockfeller Edouard	96 NW 87 St., Miami, FL. 33150 786-763-8445 rockfellerd@dadeschools.net	Member	1 Year Term exp. 6/21	Teacher, Kensingt on Park Elementary	B-M
Anny Smulevich	970 NE 127 St., N. Miami, FL. 33161 305-450-5364 anny@principlesrecoverycenter.com	Member	2 Years Term exp. 6/21	Director of Admissions, Principles Recovery Center	W-F
Angel Roque	954-850-2732 angelorumart@yahoo.com 1401 NE 17 Ct, #203 Ft. Lauderdale, FL. 33305	Member	1 Year Term exp. 6/21	Recovery Advocate South Florida Wellness Network	H-M

Care Resource is a not for profit Florida Corporation and therefore does not have any individuals with a 5% or greater interest.

Exhibit C

Property: 1427-31 Alton Road
Folio: 02-4203-009-9120
Owner: OHR BEACH CORP.

