FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # 770747

HEALTH CRISIS NETWORK, INC. Mailing Address Principal Place of Business 5050 Biscayne Blvd. Miami FL 33137 P.O. Box 37-0098 Miami Ph 33137-0098 USA 2a. Mailing Address 2. Principal Place of Business

3. Date incorporated or Qualified 3a. Date of Last Report 05/19/96 10/14/1983 4. FEI Number Applied For

500001837855 -05/24/96--01017--011 ***70.00

11			26					1 27- 35 W 11 12		TWO Applicable			
2	Suite, Apt. #, etc.			Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75 Additional Fee Required				
3	City & State		28	City & State				Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees			
4	Žip	Country 25	29	Zip	30 30	ountry			Yes 5	I No			
	9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent							
	Blum, S	amuel, Esp.	. #	-જાા		81 82		ess (P.O. Box Number is Not Acceptab	ole)				

2951 S. Bayshore Dr. H Miami FL 33133

	83			
	84	City FL 8	5	Zip Code
50		pamed comparation submits this statement for the purpose of changing	חמו	ts registered office

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered offine or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _	Signature, typed or printed name of registered agent and title if applicable.	NOTE: Res	stered Agent signature req	uired when reinstating) DATE		
12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AND D	DIRECTORS	3 IN 12
TITLE	P/0	ELETE	1.1 TITLE		Change	Addition
NAME	PAROS DAMIAN		1,2 NAME			
STREET ADDRESS	PAROS, DAMIAN 200 S. Biscayne, Suite 2850		1.3 STREET ADDRESS			
CITY-ST-ZIP	Miaml FL 33/31		1.4 CITY - ST - ZIP			··
TITLE	[V/o □□	ELETE	2.1 TITLE		Change	Addition
NAME	Cindy Hawitt		2.2 NAME			
STREET ADDRESS	Cindy Howitt 16630 SW 80 Ave	1	2.3 STREET ADDRESS			
CITY-ST-ZIP	Miami FL 33157		2 4 CiTY-ST-ZIP			
TITLE	ls/n □□	ELETE	3 1 TITLE		Change	Addition
NAME	Teresa Pooler		32 NAME			
STREET ADDRESS	940 NE 74 ST		3.3 STREET ADDRESS			
CITY-ST-ZIP	Miami FL 33138		3.4. CITY - ST - ZIP			
TITLE	T/O	DELETE	4.1 TITLE	L) Change	Addition
NAME	Mark Steinberg		4. 2 NAME			
STREET ADDRESS	Mark Steinberg 1401 NW 22 St		4.3 STREET ADDRESS			
CITY-ST-ZIP	Miami FL 33142		4.4 CITY-ST-ZIP			
TITLE		DELETE	51 TITLE	Ĺ.] Change	Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP			5.4 CITY - ST - ZIP		15	<u> </u>
TITLE		DEL.ETE	6.1 TITLE	ما مر		A AMPRIAN
NAME			6.2 NAME	h'0	スポ	•
STREET ADDRESS			63 STREET ADDRESS		11/2	,
1	1				\ / /	

14. Too hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

ME OF SIGNING OFFICER OR DIRECTOR

(305)381.8801