## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

**FILED** 

Apr 08 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997
DOCUMENT #

770747

(4)

HEALTH CRISIS NETWORK, INC.

Principal Place of Business Mailing Address							<u> </u>	IDA BIDI IDEI
5050 BISCAYNE BLVD MIAMI FL 33137 US		PO BOX 37-0098 MIAMI FL 33137-0098 US						
					3. Date Incorporated or Qualified 10/14/1983		ate of Last F 05/23/19	
2. Principal Place of Business		2a. Mailing Address			4. FEI Number 59-2564198		<del> </del>	pplied For
Sulte, Apt. #, etc.		<del></del>	Suite, Apt. #, etc.		00 200 1100		<del></del>	ot Applicable Additional
22		27	27		5. Certificate of Status Desired	X	T	equired
City & State		City & State		Election Campaign Financing     Trust Fund Contribution	m		May Be	
Zip Country		Zip			Trust Fund Contribution Added to Fees  8. This corporation has liability for intangible tax under s. 199.032,			
24	25	29	30		Florida Statutes			
	9, Name and Address of Currer	nt Registered Agent			10. Name and Address of New R	egistered	Agent	
			81	Name				
BLUM, S	SAMUEL, ESQ.		82	Street Add	Iress (P.O. Box Number is Not Accepta	hle)		
2951 S. BAYSHORE DR. #811					. soc (i so. sox rambor is riot riosopia			
MIAMI F	L 33133		83					
			84	City		P-1	85 Zip	Code
11 Durement	to the provisions of Soctions 617 050	22 and 617 1509. Elorido Stat	uton the ober	0 000000 001	poration submits this statement for the	<u> </u>	,	
Office or r	egistered agent, or both, in the State	e of Horida. Such change was	authorized b	y the corpora	poration sobmits this statement for the tion's board of directors. I hereby acce	purpose of pt the app	ointment as	registered
-	m familiar with, and accept the oblig	ations of, Section 617,0503, F	-lorida Statute	S.				
SIGNATURE .	Signature, typed or printed name of registered agr	ent and title if applicable (NC	OTF: Begistered Ac	ent signature requ	frod when reinstating)	DATE		
12.		ID DIRECTORS	13.	en agnato e rado	ADDITIONS/CHANGES TO OFFI		DIRECTOR	3S IN 12
TITLE	PD	☐ DELETE	1.1 DILE				Change	Addition
NAME	PARDO, DAMIAN		1.2 NAME					
STREET ADDRESS 200 S BISCAYNE SUITE 2		)	1.3 STREE	ADDRESS				
CITY-ST-ZIP	MIAMI FL 33131		1.4 CITY-					
TITLE	VD						Change	Addition
NAME	HEWITT, CINDY		2.2 NAME					
STREET ADDRESS	16630 SW 80 AVENUE		2.3 STREE	ADDRESS				
CITY-ST-ZIP	MIAMI FL 33157		2. 4 CITY-	S1-ZIP				
TITLE	TD	☐ DELETE	3.1 TITLE				∐ Change	☐ Addition
NAME	STEINBERG, MARK		3.2 NAME					
STREET ADDRESS	1401 NW 22 ST.			ADDRESS				
CITY-ST-ZIP TITLE	MIAMI FL 33142 SD	DELETE	3.4. CITY-	ST-ZIP			Change	Addition
NAME	POOLER, TERESA		4.1 TITLE 4. 2 NAME				C Anange	L AUGILIUII
STREET ADDRESS	940 NE 74TH AVE.			ADDRESS				
City-St-ZiP	MIAMI FL 33138		4.4 CITY-1					
TITLE	DID WATER FOR TOO	DELETE	5.1 TITLE	31-211			Change	Addition
NAME			5.2 NAME					
STREET ADDRESS			5.3 STREET	ADDRESS				
CITY-ST-ZIP			5.4 C(1Y-5					
TITLE		DELETE	6.1 TITLE				Change	Addition
NAME			6.2 NAME					
STREET ADDRESS			6.3 STREET	ADDRESS				
			I	1				

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 fichanged, or on an attachment with an address.