FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

770747

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Mar	19	1998	8:00am
Se	crei	tary o	f State

Health Crisis Network, Inc.							
Principal Place of Business Mailing Address							
5050 Biscayne Blvd. Miami, FL 33137							3. Date Incorporated or Qualified 10/14/83
US							4. FEI Number Applied For
							59-2564-198 Not Applicable
2. Principal Place of Business 2a. Mailing Address 21					5. Certificate of Status Desired \$8.75 Additional Fee Required		
Suite, Apt. #, etc. Suite, Apt. #, etc.					6. Election Campaign Financing \$5.00 May Be		
27					Trust Fund Contribution		
City & Sta	City & State City & State		9		7. Is this nonprofit corporation a homeowners association?		
Zip				Country	,	8. This corporation owes or has paid the current year Intangible	
24	25 29 30)		Personal Property Tax due June 30. 🔼 Yes 🔲 No	
	9. Name	and Address of Curre	ent Registered Agent	<u> </u>		41	10. Name and Address of New Registered Agent
					81	Name	n 0
Blum, Samuel, ESQ. 2951 Bayshore Dr. #811			82	Street	et Address (P.O. Box Number is Not Acceptable)		
	ni. FL 3				83		
HIAD	II. tr 2	3133			84	City	leel 75 Out
					04	City	FL 85 Zip Code
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 office 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		, and addept the delig	,		a olalaisi		
	Signature, typed o	or printed name of registered ag		(NOTE R		nt signatur	ture required when reinstating) DATE
12.	1	OFFICERS AN	ND DIRECTORS	DC) CTC	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TOTLE	PD		י בוג	DELETE	1.1 TITLE		PD Change X Addition
NAME OXOTEX ADDRESS	Pardo, Damian			1.2 NAME		Alvarez, Betty	
STREET ADDRESS CITY-ST-ZIP	200 S. Biscavne Blvd. Miami FL 3313			1.3 STREET			
TITLE	VD			DELETE	1.4 CITY - S 2.1 TITLE	1 - 2112	Miami,FL 33143
NAME	'-	Cdmda	X		2.2 NAME		, 12 n
STREET ADDRESS		, Cindy			2.3 STREET	ADDRESS	Corbett, Russell
CITY-ST-ZIP	Miami,	₽₩ 8 91 8 9e			2.4 CITY-S		1 1/60 NE 13/th PLace
TITLE	TD		X	DELETE	3.1 TITLE		Miami, FL 33181-1312
NAME	Steinb	erg, Mark			3.2 NAME		Pedroso, Glenda
STREET ADDRESS	1401 N	√ 22 St.			3.3 STREET	ADDRESS	700 Brickell Ave. 4th Fl.
CITY-ST-ZIP	Miami,	FL 33138			3.4. CITY-S	T-ZIP	Miami, FL 33131
THTLE	SD		. 🔟	DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	1	, Teresa			4. 2 NAME		
STREET ADDRESS	940 NE	74 3 3938			43 STREET		8 .
CITY-ST-ZIP TITLE	rilami,	FL 33136		ELETE	4.4 CITY - ST	- ZIP	M Chrone Jakaddition
NAME				ALLE VE	5.2 NAME		
STREET ADDRESS	•				5.3 STREET	rpubece	Hicks, Glenda
CITY-ST-ZIP					5.4 CITY-ST		5 5050 Biscayne Blvd.
TITLE	-		□ D	ELETE	61 TITLE	£11	
NAME					6.2 NAME		400002462214
STREET ADDRESS					6.3 STREET A	ADDRESS	[
CITY-ST-ZIP					6.4 CITY-ST	- ZIP	###b1.25
14. I hereby o	certify that the	information supplied w	ith this filing does not	I qualify for th	e exempti	on state	ated in Section 119.07(3)(i), Florida Statutes. I further certify that the information

4. I 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 is rue 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 epopowered 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:

IGNATURE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTO

3-4-98 (

305) 259-3/11