FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998

DOCUMENT #

N95000004564 (9)

CRAWFORD CENTER, INC.

Principal Place of Business	Mailing Address	
612 NE 26TH ST. FT. LAUDERDALE FL 33305	612 NE 26TH ST. FT. LAUDERDALE FL 33305	

FILED Jun 25 1998 8:00am Secretary of State



FT. LAUDERDALE FL 33305 FT. LAUDERDALE FL 33305			3. Date incorporated or Qualified					
TT. DIODETION	E TE GOOG	TT. ENOBERDALE TE 99000		09/25/1995				
				4. FEI Number	Applied For			
9 Delevinol Ol	ace of Business	2a. Mailing Address		65:0610247	Not Applicable			
_ ~ `.			· > .	5. Certificate of Status Desired	\$8.75 Additional			
21 8017 Suite, Apt		26 3191 CCC	man		Fee Required			
_ ` `	#, G IG.	— · · —	1	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees			
City & State		City & State	-	7. Is this nonprofit corporation a homeowners				
—v ∑…	amangers FL	28 Miani FL			No			
Zip	Country	Zip	Country	8. This corporation owes or has paid the curre	·			
24 333	05 25 050	29 33145 30	OSO		Yes No			
	9. Name and Address of Current			10. Name and Address of New Registered A	gent			
81 Name								
CRAWEC	ORD, PATRICE			SUEL Menender Lexes	: Director,			
	26 T H ST.		૾ ૿ૺૺૣૺઽ૾ૺ૿૿ૡ૽	et Address (P.O. Box Number is Not Acceptable)				
	DERDALE FL 33305		83					
			120	od Floor	last 5:- 0-4:			
	$\alpha \alpha \alpha \alpha$		B4 City	ami FL	85 Zip Code			
11. Pursuant	to the engineers of Sections \$17.9 02	and 617.1508, Florida Statutes,	the above-named	corporation submits this statement for the purpose of poration's board of directors. I hereby accept the apporation's	changing its registered			
office or re	egletere// age/it, or/both, in the S/Ate on m temillar with, and accent the policial	of Florida. Such change was auth tions of Section 617 0503. Florid	norized by the corp la Statutes	poration's board of directors. I hereby accept the appo	pintment as registered			
	(MAM)		a atotico,	6/1	10/98			
SIGNATURE	Signature type or printed name of recurrent agen	and title if applicable (NOTE: R	egistered Agent signature	required when reinstating) DATE				
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AND				
TITLE	D PST	⊠ DELETE	1.1 TITLE	EXECUTIVE DIRECTOR	Change 🔀 Addition			
NAME	C RAWFORD, PATRICE		1.2 NAME	MANUEL MENENDEZ				
STREET ADDRESS	612 NE 26TH ST.		1.3 STREET ADDRESS	8780 S.W. 122nd St.Miar	DT 22176			
CITY-ST-ZIP	FT. LAUDERDALE FL 33305		1.4 CITY-ST-ZIP					
TITLE	D	DELETE	2.1 TITLE	D.P.	Change Maddition			
NAME	WIEST, B. DAVID		2.2 NAME	PATRICIA CAMBO ESQ				
STREET ADDRESS	2517 MIDDLE RIVER DR.		2.3 STREET ADDRESS	3045 Alhambra CT.	į			
CITY-ST-ZIP	FT LAUDERDALE FL		2. 4 CITY-ST-ZIP	CORAL GABLES, FL 33134				
TITLE	D	DELETE	3.1 TITLE	D.	Change 🔀 Addition			
NAME	ROTHBERG, ALAN		3.2 NAME	LYNN HERNANDEZ, M.D.				
STREET ADDRESS	3000 NE 41ST ST.		3.3 STREET ADDRESS	601 N. FLAMINGO ROAD				
CITY - ST - ZIP	FT. LAUDERDALE FL 33308	N DELETE	3.4. CITY-ST-ZIP	PEMBROKE PINES, FL 330;	2.8			
TITLE	U	≥ DELETE	4.1 TITLE	D.V.	Change Maddition			
NAME	GRANT, MATTHEW		4. 2 NAME	CARLOS SUAREZ M.D.				
STREET ADDRESS	1305 GUAVA ISLE		4.3 STREET ADDRESS	724 ALHAMBRA CIRCLE				
CITY-ST-ZIP	FT. LAUDERDALE FL 33315	M DELETE	4.4 CITY-ST-ZIP	Coral Gables, Florida-	33134			
TITLE	D	DELETE	5.1 TITLE	CORA MENENDEZ D.T.	Change K Addition			
NAME	MORIN, JOHN W.		5.2 NAME	175 S.W. 24th ROAD				
STREET ADDRESS	5950 W. OAKLAND PARK BLVI	J., #10/	5.3 STREET ADDRESS	MIAMI, FLORIDA 33129	į			
CITY-ST-ZIP	FT LAUDERDALE FL	⋈ DELETE	5.4 CITY-ST-ZIP		Change			
TITLE	D ADELE	R DELETE	6.1 TITLE		Change 🗶 Addition			
NAME	BESNER, ADELE		6.2 NAME	DEENA WEISS, LCSW				
STREET ADDRESS	915 MIDDLE RIVER DR SUITE :	204	6.3 STREET ADDRESS	20460 N.E. 34TH court	,			
CITY-ST-ZIP	FORT LAUDERDALE FL	h this filing does not exalt. for the	6.4 CITY-ST-ZIP	AVENTURA, FLORIDA 3318				
indicated	erury that the information supplied wit on this annual report or suppliemental	n trus hang does not quality for ti annual report is true and accura	ie exemption state ite and that my sigi	d in Section 119.07(3)(i), Florida Statutes. I further cer nature shall have the same legal effect as if made unc	liny man the information fer oath: that I am an			

14. 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 ennual report or supplemental annual report is true and accurate and that my signature shall have the same legat effect as if made under oath; that I am an officer or director of the compaction of 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 chyrigoty, or on an affacting with an address.

ICNIATURE.

0/11/98

F2E037 (10/97)