

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED

97 OCT --2 AM 11:46

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Matham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N97000000037 (8)
 1. Corporation Name
COMMUNITY HEALTHCARE OF BROWARD, INC.

Principal Place of Business 2817 E. OAKLAND PARK BLVD., SUITE 300 FT. LAUDERDALE FL 33306	Mailing Address 2817 E. OAKLAND PARK BLVD., SUITE 300 FT. LAUDERDALE FL 33306
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 12/31/1996	3a. Date of Last Report
4. FEI Number 65-0671822	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29
25	30

9. Name and Address of Current Registered Agent

STEINGER, MICHAEL S ESQ.
2817 E. OAKLAND PARK BLVD., SUITE 300
FT. LAUDERDALE FL 33306

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 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 _____ (Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PS TD <input type="checkbox"/> DELETE
NAME	MEEKINS, RICHARD
STREET ADDRESS	2817 E. OAKLAND PARK BLVD., SUITE 300
CITY-ST-ZIP	FT. LAUDERDALE FL 33306
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	V. P. /D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Clark Mitchell, M.D.
1.3 STREET ADDRESS	2817 E. OAKLAND PARK BLVD., SUITE 300
1.4 CITY-ST-ZIP	FT. LAUDERDALE FL 33306
2.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	STEVEN STEINER
2.3 STREET ADDRESS	2817 E. OAKLAND PARK BLVD., SUITE 300
2.4 CITY-ST-ZIP	FT. LAUDERDALE FL 33306
3.1 TITLE	500002313265--2 <input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	-10/06/97--01170--004
3.3 STREET ADDRESS	*****61.25 *****61.25
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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 if changed, or on an attachment with an address.

SIGNATURE: _____ SIGNATURE REQUIRED *stc/97*

CR2E037 (4/97)