FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT **1999**

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 11, 1999 8:00 am
Secretary of State
03-11-1999 90250 047 ****70.00

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DOCUMENT # 725121

1. Corporation Name
THE VILLAGE SOUTH, INC.

Principal Place of Business
3180 BISCAYNE BLVD.
MIAMI FL 33137

Mailing Address
3180 BISCAYNE BLVD.
MIAMI FL 33137

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 12/28/1972
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-1452736 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☑ $8.75 Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

GISSEN, MATTHEW
3180 BISCAYNE BLVD.
MIAMI FL 33137

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DV ☐ DELETE	1.1 TITLE	D/S/T ☒ Change ☐ Addition
NAME	LIEBERMAN, HENRY	1.2 NAME	Lieberman, Henry
STREET ADDRESS	20220 HIGHLANDS LAKES BLVD.	1.3 STREET ADDRESS	1200 SW 137 Avenue, Apt. E-102
CITY-ST-ZIP	NO. MIAMI BEACH FL	1.4 CITY-ST-ZIP	Pembroke Pines, Florida 33024
TITLE	ED ☒ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	GISSEN, MATTHEW	2.2 NAME	
STREET ADDRESS	3180 BISCAYNE BOULEVARD	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	
TITLE	D ☐ DELETE	3.1 TITLE	D/VP ☒ Change ☐ Addition
NAME	HOLDER, JAY	3.2 NAME	Holder, Dr. Jay
STREET ADDRESS	5990 BIRD ROAD	3.3 STREET ADDRESS	5990 Bird Road
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	Miami, Florida 33155
TITLE	PD ☐ DELETE	4.1 TITLE	D/P/C ☒ Change ☐ Addition
NAME	TREADWAY, DEEANN	4.2 NAME	Treadway, DeeAnne
STREET ADDRESS	1717 NORTH BAYSHORE DR. SUITE 3256	4.3 STREET ADDRESS	1717 No. Bayshore Dr., Unit 3256
CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP	Miami, Florida 33132
TITLE	☐ DELETE	5.1 TITLE	D ☐ Change ☒ Addition
NAME		5.2 NAME	Jackson, James
STREET ADDRESS		5.3 STREET ADDRESS	1007 Green Pine Boulevard, Unit G3
CITY-ST-ZIP		5.4 CITY-ST-ZIP	West Palm Beach, Florida 33409
TITLE	☐ DELETE	6.1 TITLE	Ass't S/T ☐ Change ☒ Addition
NAME		6.2 NAME	Grizzle, Nancy
STREET ADDRESS		6.3 STREET ADDRESS	10040 Sheridan Street, Apt. 202
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Pembroke Pines, Florida 33024

CR2E037 (11/98)

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 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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED Nancy Grizzle March 8, 1999 305-571-2628
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #