

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
Apr 24 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 207720

(4)

1. Corporation Name
MONTANARI CLINICAL SCHOOL, INC.

Principal Place of Business

201 E 2ND STREET
P.O. BOX #1360
HIALEAH FL 33011

Mailing Address

201 E 2ND STREET
P.O. BOX #1360
HIALEAH FL 33010-4918



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified
11/22/1957

3a. Date of Last Report
04/30/1996

4. FET Number
59-0819359

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

YERMAEK, JOHN S
201 E 2 STREET
HIALEAH FL 33011

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 607.0502 and 607.1508, 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 607.0505, 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 P
NAME MONTANARI, A J
STREET ADDRESS 201 E 2ND STREET
CITY-ST-ZIP HIALEAH, FLORIDA 0

TITLE V
NAME BARTLETT, HILDA
STREET ADDRESS 201 E 2ND STREET
CITY-ST-ZIP HIALEAH, FLORIDA 0

TITLE S
NAME MONTANARI, MARION G
STREET ADDRESS 201 E 2ND STREET
CITY-ST-ZIP HIALEAH, FLORIDA 0

TITLE V
NAME MONTANARI, A G
STREET ADDRESS 201 E 2ND STREET
CITY-ST-ZIP HIALEAH, FLORIDA 0

TITLE Y
NAME YERMAEK, JOHN S
STREET ADDRESS 201 E 2ND STREET
CITY-ST-ZIP HIALEAH, FLORIDA 0

TITLE V
NAME YERMAEK, ADELE
STREET ADDRESS 201 E 2ND STREET
CITY-ST-ZIP HIALEAH FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

[Signature]

4-16-97 305 8877543

CR2E034 (9/96)