

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

FILED
May 08 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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 Mailing Address
291 E 2ND STREET 291 E 2ND STREET
P.O. BOX #1360 P.O. BOX #1360
HIALEAH FL 33011 HIALEAH FL 33011

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 11/22/1957	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-0819359	
22	City & State	27	City & State	Applied For Not Applicable	
23	Zip	28	Zip	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24	Country	29	Country	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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

YERMAEK, JOHN S
291 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
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 MARION G. MONTANARI

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	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MONTANARI, A J	1.2 NAME	
STREET ADDRESS	291 E 2ND STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	HIALEAH, FLORIDA 0	1.4 CITY-ST-ZIP	
TITLE	V <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARTLETT, HILDA	2.2 NAME	
STREET ADDRESS	291 E 2ND STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	HIALEAH, FLORIDA 0	2.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MONTANARI, MARION G	3.2 NAME	
STREET ADDRESS	291 E 2ND STREET	3.3 STREET ADDRESS	
CITY-ST-ZIP	HIALEAH, FLORIDA 0	3.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MONTANARI, A G	4.2 NAME	
STREET ADDRESS	291 E 2ND STREET	4.3 STREET ADDRESS	
CITY-ST-ZIP	HIALEAH, FLORIDA 0	4.4 CITY-ST-ZIP	
TITLE	I <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YERMAEK, JOHN S	5.2 NAME	
STREET ADDRESS	291 E 2ND STREET	5.3 STREET ADDRESS	
CITY-ST-ZIP	HIALEAH, FLORIDA 0	5.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YERMAEK, ADELE	6.2 NAME	
STREET ADDRESS	291 E 2ND STREET	6.3 STREET ADDRESS	
CITY-ST-ZIP	HIALEAH FL	6.4 CITY-ST-ZIP	

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 hereon, or on an attachment with a true address.

SIGNATURE Marion G. Montanari

4/27/98 305 887 7542

CR2E034 (10/97)