22   27   59-1097329   in     City & State   City & State   5. Certificate of Status Desired   \$8.75     23   28   Country   Zip   Country   \$8.75     24   25   29   30   Trust Fund Contribution   Addeed     9. Name and Address of Current Registered Agent   10. Name and Address of New Registered Agent   Addeed     9. Name and Address of Current Registered Agent   10. Name and Address of New Registered Agent   Addeed     9. Name and Address of Current Registered Agent   81   Name   82   Street Address (P.O. Box Number is Not Acceptable)     301 190 STREET   83   84   City   FL   85   Zip     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 i 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 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 reginature regulad when reinstating)   DATE     12.   OFFICERS AND DIRECTORS   13.   ADDITIONS/CHANGES TO OFFICERS AND DIREC	1.25
1999   Division OF CUMPORATIONS     DOCUMENT # 709825     1. Corporation Name     HEMOPHILIA FOUNDATION OF SOUTHERN FLORIDA, INC.     Principal Place of Business     27 189TH TERRACE     MIAMI BEACH FL 33160     2. Principal Place of Business     2. Principal Place of Cumpty     2. Principal Place of Busines     2. Principal Place of Busines     2. Principal Place of Busines     2. Principal Place of Bus	Applied For Not Applicable Additional Required D May Be to Fees
1. Corporation Name     HEMOPHILIA FOUNDATION OF SOUTHERN FLORIDA, INC.     Principal Place of Business   Mailing Address     272 189TH TERRACE   272 189TH TERRACE     MAM BEACH FL 33160   Mailing Address     2. Principal Place of Business   2a. Mailing Address     21   2a     23   2a     24   27     25   Suite, Apt. #, etc.     20   27     City & State   Suite, Apt. #, etc.     24   27     25   City & State     26   City & State     27   Country     28   2a     29   Country     21   25     22   27     City & State   Status Desired     29   20     20   20     21   23     22   23     23   24     24   25     25   29     30 1 190 STREET   81     MAMI BEACH FL 33160   83     84   City     83	Applied For Not Applicable Additional Required D May Be t to Fees
HEMOPHILIA FOUNDATION OF SOUTHERN FLORIDA, INC.     Principal Place of Business   Mailing Address     227 189TH TERRACE   227 189TH TERRACE     MIAMI BEACH FL 33160   Mailing Address     2. Principal Place of Business   2a.     21   25     Suite, Apt. #, etc.   Suite, Apt. #, etc.     22   27     City & State   Suite, Apt. #, etc.     22   27     City & State   Suite, Apt. #, etc.     23   27     City & State   Suite, Apt. #, etc.     24   27     City & State   Certificate of Status Desired     23   29     24   25     25   29     20   Country     21   29     22   29     23   29     24   25     25   29     301 190 STREET   81     MIAMI BEACH FL 33160   84     84   City     83   Sterei Address (P.O: Box Number is Not Acceptable)     83   Sterei Address (P.O: Box Number is Not Acceptable)	Applied For Not Applicable Additional Required D May Be t to Fees
272 183TH TERRACE   272 183TH TERRACE     MAMI BEACH FL 33160   Miling Address     2. Principal Place of Business   2a. Mailing Address     21   26     21   26     221   27     23   28     24   27     27   27     28   28     29   27     20   27     21   27     29   20     21   27     29   20     21   27     21   27     21   27     21   27     21   27     21   27     21   27     21   28     21   29     20   20     21   21     22   29     20   20     21   20     22   29     30   10. Name and Address of New Registered Agent     30   190 STREET     MAMI BEACH FL 33160	Applied For Not Applicable Additional Required D May Be t to Fees
272 183TH TERRACE   272 183TH TERRACE     MAMI BEACH FL 33160   Miling Address     2. Principal Place of Business   2a. Mailing Address     21   26     21   26     221   27     23   28     24   27     27   27     28   28     29   27     20   27     21   27     29   20     21   27     29   20     21   27     21   27     21   27     21   27     21   27     21   27     21   27     21   28     21   29     20   20     21   21     22   29     20   20     21   20     22   29     30   10. Name and Address of New Registered Agent     30   190 STREET     MAMI BEACH FL 33160	Applied For Not Applicable Additional Required D May Be t to Fees
21   26   10/28/1965     21   26   10/28/1965     22   27   59*1097329   1     22   27   59*1097329   1     23   28   5. Certifcate of Status Desired   \$8.75     23   28   6. Election Campaign Financing   \$8.75     24   25   29   30   Trust Fund Contribution   \$4.dee     24   25   29   30   Trust Fund Contribution   \$4.dee     9. Name and Address of Current Registered Agent   10. Name and Address of New Registered Agent   81   Name     STROHBACK, CARL   81   Name   82   Street Address (P.O: Box Number is Not Acceptable)     301 190 STREET   83   83   83   \$3     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 i 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 agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.   SIgnature, typed or printed name of registered agent and tite if applicable.   [NOTE: Registered Agent registered Agent registered of OFFICERS AND DIRECTORS   DATE	Additional Required D May Be to Fees
21   20   20   21   4. FEI Number   7     Suite, Apt. #, etc.   59-1097329   1     22   27   59-1097329   1     23   23   28   5. Certificate of Status Desired   \$8.75     24   25   29   30   7   5. Certificate of Status Desired   \$4.60     24   25   29   30   7   7   Address of New Registered Agent     301   10. Name and Address of Current Registered Agent   81   Name   Name   Address of New Registered Agent     301   190 STREET   81   Name   82   Street Address (P.O: Box Number is Not Acceptable)   83     301   190 STREET   83   84   City   FL   85   Zip     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 i 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 agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.   Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registated Agent signature meninataling)   DATE	Additional Required D May Be to Fees
221   27   City & State   5. Certifcate of Status Desired   \$8,75     23   28   5. Certifcate of Status Desired   Fee F     24   25   29   30   Trust Fund Contribution   Addee     9. Name and Address of Current Registered Agent   10. Name and Address of New Registered Agent   Addee     9. Name and Address of Current Registered Agent   10. Name and Address of New Registered Agent   Addee     9. Name and Address of Current Registered Agent   81   Name   Street Address (P.O. Box Number is Not Acceptable)     301 190 STREET   83   84   City   FL   85   Zir     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 i agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.   84   City   FL   85   Zir     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 i agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.   SIGNATURE   Bignature, typed or printed name of registered agent and title if applicable.   (NOTE: Registated Agent signature required when reinstating)   DATE     I2.   OFFIC	Additional Required D May Be to Fees
23   28   5. Cartificate of Status Desired   Fee F     21p   Country   Zip   Country   6. Election Campaign Financing   \$5.00     24   25   29   30   Trust Fund Contribution   Addeed     9. Name and Address of Current Registered Agent   10. Name and Address of New Registered Agent   Addeed     301 190 STREET   81   Name   82   Street Address (P.O: Box Number is Not Acceptable)     301 190 STREET   83   84   City   FL   85   Zir     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 i agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.   SIGNATURE   SIGNATURE   Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent eignature required when reinstating)   DATE     12.   OFFICERS AND DIRECTORS   13.   ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS   DIRECT	Required D May Be d to Fees
Zip   Country   Zip   Country   6. Election Campaign Financing   \$5.0     24   25   29   30   Trust Fund Contribution   Added     9. Name and Address of Current Registered Agent   10. Name and Address of New Registered Agent   Added     STROHBACK, CARL   81   Name   82   Street Address (P.O: Box Number is Not Acceptable)     301 190 STREET   83   83   83   10.   Registered agent, or both, in the State of Florida. Such change was authorized by the corporation submits this statement for the purpose of changing i agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.   84   City   FL   85   Zip     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   Current as agent. I and familiar with and accept the applicable.   City   DATE	to Fees
24   25   10   10   Name and Address of New Registered Agent     9. Name and Address of Current Registered Agent   10. Name and Address of New Registered Agent     81   Name     STROHBACK, CARL   81   Name     301 190 STREET   82   Street Address (P.O. Box Number is Not Acceptable)     MIAMI BEACH FL 33160   83     84   City   FL     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 i 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 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 DIRECT	· · · · · · · · · · · · · · · · · · ·
STROHBACK, CARL   82   Street Address (P.O. Box Number is Not Acceptable)     301 190 STREET   83     MIAMI BEACH FL 33160   84     City   FL     85   Zir     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 i 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 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.     I2.   OFFICERS AND DIRECTORS     13.   ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	Code
301 190 STREET   83     MIAMI BEACH FL 33160   84     City   FL   85   Zip     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 i 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 agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.   SIGNATURE     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   Directors	Code
MIAMI BEACH FL 33160   83     84   City   FL   85   Zip     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 i 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 agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.   SIGNATURE     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   Directors	Code
84   City   FL   85   Zir     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 i 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 agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.   SIGNATURE     SIGNATURE	Code
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office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board or directors. Thereby accept the appointment as agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.     SIGNATURE	ts registered
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     DATE	egistered
12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 13.	<u> </u>
TITLE D President DELETE 1.1 TITLE DELETE DELET	ORS IN 12
NAME WYNNE, MERY LLLEN 12 NAME	
272.400 TH TEPP	
	Addition
CITY-ST-ZIP     MIAMI BEACH PL 33100     14 CITY-ST-ZIP     771 A-71 GCK 73. 35 TG 0       TITLE     IDELETE     2.1 TTLE     Change	Addition
NAME JACKSON, ANNETTE 22 NAME	
STREET ADDRESS 2321 N.W. 196TH ST.	·
СПУ-ST-ZIP     MIAMI FL 33056     2.4 СПУ-ST-ZIP       ППLE     SD     DELETE     3.1 ППLE     Change	e 🗌 Addition
NAME STROHBACH, VIRGINIA 32 NAME	
STREET ADDRESS 301 190 ST. 3.3 STREET ADDRESS	
CITY-ST-ZIP     MIAMI BEACH FL 33160     34. CITY-ST-ZIP       TITIE     TER D:     DELETE     4.1 TITLE	B Addition
STREET ADDRESS 301 190 STREET 4.3 STREET ADDRESS	
CITY-ST-ZIP MIAMI BEACH FL 33160 44 CITY-ST-ZIP	e 🗍 Addition
TITLE D DELETE 5.1 TITLE Change   NAME PARK, FAYE 5.2 NAME 5.2 NAME	, <u>, , , , , , , , , , , , , , , , , , </u>
STREET ADDRESS 1300 NEWTON ST. 5.3 STREET ADDRESS	
CITY-ST-ZIP KEY WEST FL 54 CITY-ST-ZIP	
	e 🗌 Addition
NAME BOULLON, ROSALIA 62 NAME STREET ADDRESS 8880 - 18TH TERRACE 63 STREET ADDRESS	
CITY-ST-ZIP MIAMI FL 33172 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 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; the 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 are 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 are 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 are 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 are 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 are 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 are 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 are 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 are 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 are 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 nand that my name are officer or director of th	

SIGNATURE	;
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ELEGNEDINE REDAENEWINE President Fib. 17. 1999 305.932-2556 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR