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May 21 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **712996** (8)  
1. Corporation Name  
**ECONOMIC OPPORTUNITY FAMILY HEALTH CENTER, INC.**



Principal Place of Business <b>5361 N.W. 22ND AVE. MIAMI FL 33142</b>	Mailing Address <b>5361 N.W. 22ND AVE. MIAMI FL 33142-8035</b>
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3. Date Incorporated or Qualified <b>06/27/1967</b>	3a. Date of Last Report <b>02/22/1996</b>
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21. Principal Place of Business Suite, Apt. #, etc. City & State Zip	22. Mailing Address Suite, Apt. #, etc. City & State Zip	23. Country	24. Country
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4. FEI Number <b>59-1235617</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
**CLYNE, REGINALD  
2600 DOUGLAS ROAD  
SUITE 1102  
CORAL GABLES FL 33134**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	CD	<input type="checkbox"/> DELETE
NAME	MOORE, ALVIN D JR	
STREET ADDRESS	5361 NW 22ND AVE	
CITY-ST-ZIP	MIAMI FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	HEIDT, E S	
STREET ADDRESS	5361 NW 22ND AVE	
CITY-ST-ZIP	MIAMI FL	
TITLE	COD	<input type="checkbox"/> DELETE
NAME	MAJOR, J KENNETH	
STREET ADDRESS	5361 NW 22ND AVE	
CITY-ST-ZIP	MIAMI FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	BEATTY, PRISCILLA	
STREET ADDRESS	5361 NW 22ND AVE	
CITY-ST-ZIP	MIAMI FL	
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	CD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	MAJOR, FR. J. KENNETH	
1.3 STREET ADDRESS	5361 NW 22ND AVE.	
1.4 CITY-ST-ZIP	MIAMI, FL	
2.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	LOUISSAINT, BEATRICE	
2.3 STREET ADDRESS	5361 NW 22ND AVE.	
2.4 CITY-ST-ZIP	MIAMI, FL	
3.1 TITLE	COD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	SIMPSON, GEORGE, M.D.	
3.3 STREET ADDRESS	5361 NW 22ND AVE.	
3.4 CITY-ST-ZIP	MIAMI, FL	
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: *Priscilla B. Beatty* \_\_\_\_\_ Date \_\_\_\_\_ Daytime Phone # **002987**

CR2E037 (9/96)