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2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2001 8:00 am
Secretary of State
01-26-2001 90158 034 ****70.00

DOCUMENT # 712996

1. Entity Name

ECONOMIC OPPORTUNITY FAMILY HEALTH CENTER, INC.

Principal Place of Business	Mailing Address
700 S ROYAL POINCIANA BLVD 300 MIAMI SPRINGS FL 33166	700 S ROYAL POINCIANA BLVD 300 MIAMI SPRINGS FL 33166

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-1235617 — Applied For / Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CLYNE, REGINALD J 2600 DOUGLAS ROAD DOUGLAS CENTRE - PH2 CORAL GABLES FL 33134	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25	9. Election Campaign Financing Trust Fund Contribution. ☐	$5.00 May Be Added to Fees	Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ROBERTS, PAUL 700 S ROYAL POINCIANA BLVD STE 300 MIAMI SPRINGS FL 33166 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LOUISSAINT, BEATRICE 5361 N.W. 22ND AVE. MIAMI FL ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary (TD) Tishria Mindingall 700 S. Royal Poinciana Blvd, Suite 300 Miami Springs, FL 33166 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC CURRY, VICTOR T 700 S ROYAL POINCIANA BLVD SUITE 300 MIAMI SPRINGS FL 33166 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice Chairperson (TD) Ronald Owens 700 S. Royal Poinciana Blvd, Suite 300 Miami Springs, FL 33166 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BEATTY, PRISCILLA 5361 NW 22ND AVE MIAMI FL ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Chair (TD) Alvin D. Moore, Jr. 700 S. Royal Poinciana Blvd, Suite 300 Miami Springs, FL 33166 ☒ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Martha Anderson (D) 700 South Royal Poinciana Blvd, Ste 300 Miami Springs, FL 33166 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Rosa Thornton (D) 700 S. Royal Poinciana Blvd, Suite 300 Miami Springs, FL 33166 ☐ Change ☐ Addition

CR2E037 (10/00)

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Alvin D. Moore Jr. ALVIN D. MOORE, JR 1/19/01 305/644-5269
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #