

# 2002 UNIFORM BUSINESS REPORT (UBR)

02-27-2002 90180 001 \*\*\*298.75  
712996

**DOCUMENT # 712996**

1. Entity Name

**ECONOMIC OPPORTUNITY FAMILY HEALTH CENTER, INC.**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

02 MAR 21 PM 2:10

10460



DO NOT WRITE IN THIS SPACE

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

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address 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	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required
----------------------------------	--

6. Name and Address of Current Registered Agent

**CLYNE, REGINALD J**  
600 DOUGLAS ROAD  
DOUGLAS CENTRE - PH2  
CORRAL GABLES FL 33134

7. Name and Address of New Registered Agent

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 \_\_\_\_\_ (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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>ROBERTS, PAUL</b> 700 S ROYAL POINCIANA BLVD STE 300 MIAMI SPRINGS FL 33166 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>STD</b> <b>MINDINGALL, TISHRIA</b> 700 S ROYAL POINCIANA BLVD, SUITE 300 MIAMI SPRINGS FL 33166 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VCTD</b> <b>OWENS, RONALD</b> 700 S ROYAL POINCIANA BLVD SUITE 300 MIAMI SPRINGS FL 33166 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>C</b> <b>MOORE, ALVIN D JR</b> 700 S. ROYAL POINCIANA BLVD, SUITE 300 MIAMI FL 33166 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>ANDERSON, MARTHA</b> 700 SOUTH ROYAL POINCIANA BLVD, STE 300 MIAMI SPRINGS FL 33166 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <del>THOMSON, ROSE</del> <del>700 S ROYAL POINCIANA BLVD, SUITE 300</del> <del>MIAMI SPRINGS FL 33166</del> <input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>M</b> <b>Anthony E. Munroe</b> 700 S. Roayl Poinciana Blvd, Ste 300 Miami Springs, FL 33166 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Priscilla Beatty</b> 700 S. Royal Poinciana Blvd, Suite 300 Miami, FL 33166 <input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Anthony E. Munroe 2/20/02  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)