FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 12 AM 12:27

DOCUMENT # 713076 (8).

1. Corporation Name
JON ERIC HEMOPHILLA CENTER INT., INC.

Principal Place of Business	Mailing Address
272 189TH TERR MIAMI BEACH FL 33160	272 189TH TERR MIAMI BEACH FL 33160

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/18/1967
3a. Date of Last Report: 03/10/1994
4. FEI Number: 59-1047329 ☐ Applied For ☐ Not Applicable
2. Principal Place of Business 21
2a. Mailing Address 26
Suite, Apt. #, etc. 22 / 27
City & State 23 / 28
Zip 24 / Country 25 / Zip 29 / Country 30
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ **$68.75** Supplemental Fee Not Required
8. The corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

STROCHBACK, CARL
301 190TH ST
MIAMI BEACH FL

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 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 Ellen Wynne Price Wants place. Agent the same
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required for filing) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	D ☐ Change ☑ Addition
NAME	WYNNE, ELLEN	12 NAME	Rosalia H. Bauzen
STREET ADDRESS	272 189TH TERR	13 STREET ADDRESS	4967 SW 75th ave
CITY-ST-ZIP	MIAMI BEACH FL	14 CITY-ST-ZIP	Miami, Fl. 33155
TITLE	V	21 TITLE	☐ Change ☐ Addition
NAME	JACKSON, ANNETTE	22 NAME	
STREET ADDRESS	2321 NW 196TH STREET	23 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	24 CITY-ST-ZIP	
TITLE	S Treas.	31 TITLE	☐ Change ☐ Addition
NAME	STROHBACH, VIRGINIA	32 NAME	
STREET ADDRESS	301 190 ST.	33 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH FL	34 CITY-ST-ZIP	
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	PARK, FAYE	42 NAME	
STREET ADDRESS	1300 NEWTON ST.	43 STREET ADDRESS	
CITY-ST-ZIP	KEY WEST FL	44 CITY-ST-ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	STROCHBACK, CARL	52 NAME	
STREET ADDRESS	301 190TH ST	53 STREET ADDRESS	
CITY-ST-ZIP	N MIAMI FL	54 CITY-ST-ZIP	
TITLE	D	61 TITLE	☐ Change ☐ Addition
NAME	O'DELL, LEON	62 NAME	
STREET ADDRESS	3940 EVE DR.	63 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Ellen Wynne Price April 3, 1995 305 932-2556
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
932-2397

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