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FILED

Mar 31 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 713076 (8)

1. Corporation Name

JON ERIC HEMOPHILLA CENTER INT., INC.

Principal Place of Business

Mailing Address

272 189TH TERR
MIAMI BEACH FL 33160272 189TH TERR
MIAMI BEACH FL 33160-23103. Date Incorporated or Qualified
07/18/19673a. Date of Last Report
04/02/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number

59-1047329

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes☐

Yes

☐

No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

STROCHBACK, CARL
301 190TH ST
MIAMI BEACH FL

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

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 IN 12

TITLE P ☐ DELETE
NAME WYNNE, ELLEN
STREET ADDRESS 272 189TH TERR
CITY-ST-ZIP MIAMI BEACH FLTITLE V ☐ DELETE
NAME JACKSON, ANNETTE
STREET ADDRESS 2321 NW 196TH STREET
CITY-ST-ZIP MIAMI FLTITLE ST ☐ DELETE
NAME STROCHBACK, VIRGINIA
STREET ADDRESS 301 190 ST.
CITY-ST-ZIP MIAMI BEACH FLTITLE D ☐ DELETE
NAME PARK, FAYE
STREET ADDRESS 1300 NEWTON ST.
CITY-ST-ZIP KEY WEST FLTITLE D ☐ DELETE
NAME STROCHBACK, CARL
STREET ADDRESS 301 190TH ST
CITY-ST-ZIP N MIAMI FLTITLE D ☐ DELETE
NAME O'DELL, LEON
STREET ADDRESS 3940 EVE DR.
CITY-ST-ZIP JACKSONVILLE FL1.1 TITLE ☐ Change ☒ Addition
1.2 NAME D Rosalia Boudon
1.3 STREET ADDRESS 8880- 18th Ter.
1.4 CITY-ST-ZIP miami fl. 331722.1 TITLE ☐ Change ☐ Addition
2.2 NAME D. Merry Wynne
2.3 STREET ADDRESS 272- 189th Ter.
2.4 CITY-ST-ZIP miami beach fl. 331603.1 TITLE ☐ Change ☒ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP6.1 TITLE ☐ Change ☐ 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:

Ellen Wynne, Pres. 3/21/97

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0011500

CP2E037 (9/96)