1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 713076

1. Corporation Name

JON ERIC HEMOPHILLA CENTER INT., INC.

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

Mailing Address

272 189TH TERR MIAMI BEACH FL 33160

FILED Mar 06, 1999 8:00 am § Secretary of State

03-06-1999 90135 036 ****61.25

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2. Principal Pl	ace of Business 2a. Mailing Address				-	Date Incorporated or Qualifed								
1		26					07/18/,1967							
Suite, Apt. :	#, etc.	Suite, Apt. #, etc.					4. FEI Number Applied For							
2		27				59-1047329 Not Applicable								
City & State	3	City & State				ļ	5. Certificate of Status Desired							
Zip	Country	Zip Country			6. Election Ca	mpaign Fin	ancing		\$5.00	May Be				
ā]	25	29		30					Contributio	-	□ .	Added to	-	
<u> </u>	9. Name and Address of Current	1 I	nt	<u></u>	Ι		•	10. Name and	Address o	f New Re	gistered	Agent		
					81	Name						•		
STDOCHB	ACK, CARL				82	Stroot A	ddraes	s (P.O. Box Nu	mher is Not	Accentah	le)			
301 190Th					32	SugarA	uu ba	s (r .O. DOX 140)	IIDOI ID IIOC	, 1000 p 102	,			
MIAMI BE					83						٠, ,			
					84	City	·		,	11,	FL	85 Zip C	ode .	
11. Pursuant	to the provisions of Sections 617.0502	and 617.1508, F	lorida Statut	es, the a	bove	named c	orpora	ation submits th	is statemen	for the p	urpose of	changing its r	egistered	1
office or re	egistered agent, or both, in the State of m familiar with, and accept the obligation	Florida Such ci	iange was a	HIDORIZA	o do	the corpor	ration's	s board of direc	tors. I heret	y accept	the appoi	intment as reg	istered	
SIGNATURE	Skynature, typed or printed name of registered agent	and title if applicable.	(NOTE	: Registere	i Agen	nt signature rec	quired wt	hen reinstating)			DATE	· ·	_ 	وَ
12.	OFFICERS AND	DIRECTORS		13.				ADDITIONS	/CHANGES	TO OFFI	CERS AN	ND DIRECTOR		1 2
TITLE	DTV		DELETE	1.1 T	TLE						:	Change	Addition	1
NAME	BOULLON, RESALIA ROSAL) <i>P</i> =		1.2 N	AMË						•			1
STREET ADDRESS	8880 18TH TERR			1.3 S	TREET	ADDRESS				1				1
CITY-ST-ZIP	MIAMI FL 33172			1.4 0	ITY-S1	T-ZIP		•					<u> </u>	ַבָּ
TITLE	D		DELETE	2.1 T	TLE							Change	Addition	
NAME	WYNN, MARY MERRY			2.2 N	AME									
STREET ADDRESS	-272:189TH-TERR-			-2.3 €	TREET	FADDRESS								┢
CITY-ST-Z#P	MIAMI BEACH FL 33160			2.40	TY-S	T-ZIP						·		1
TITLE	ST .	Ε	DELETE	3.1 T	TLE							Change >	Addition	
NAME	STROHBACH, VIRGINIA			3.2 N	AME	l							•	
STREET ADDRESS	301 190 ST.			3.3 S	TREET	TADDRESS			,			, • • •	,	
CITY-ST-ZIP	MIAMI BEACH FL			3.4. 0	CITY-S	ST-ZIP						<u> </u>	···	1
TITLE	D		DELETE	4.1 T	MLE					•	•	Change	Addition	}
NAME	PARK, FAYE			4.21	VAME									l
STREET ADDRESS	1300 NEWTON ST.			4.3 9	TREET	T ADDRESS								
CITY-ST-ZIP	KEY WEST FL			4.4 (ITY-S	T-ZiP							_	
TITLE	6		DELETE	5.1 T	TLE				_	•		Change	Addition	١.
NAME	STROPHBACK, CARL STROH	BACH		5.2 N	AME									
STREET ADDRESS	301 190TH ST			5.3 9	TREET	TADDRESS					•			
ÇITY-ST-ZIP	N MIAMI FL				ITY-S	T-ZIP				,				1
TITLE	President,		DELETE	6.1 T	ITLE			•				Change	Addition Addition	
NAME	ELLEN WYNNE 172. 189 de Ten	-		6.2 N	AME		•					•		-
STREET ADDRESS	172 189 the Ten			6.3 5	TREET	T ADDRESS			•			•		1
CITY-ST-ZIP	MiANI Beh 71	33160		6.4 0	ПҮ-\$	T-ZIP								

14. 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 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, with all other like empowered.

SIGNATURE:

ECELLEDWYNNE Feb. 17, 1999