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

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

0032805

**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
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**



2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**STROCHBACK, CARL  
301 190TH ST  
MIAMI BEACH FL**

3. Date Incorporated or Qualified

**07/18/1967**

4. FEI Number

**59-1047329**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing ☐

Trust Fund Contribution

**\$5.00** May Be  
Added to Fees

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 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

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**DTV  
BOULLON, ROSALIA ROSALIA  
8880 18TH TERR  
MIAMI FL 33172**

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**D  
WYNN, MARY MERRY  
272-189TH TERR  
MIAMI BEACH FL 33160**

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**ST  
STROHBACH, VIRGINIA  
301 190 ST.  
MIAMI BEACH FL**

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**D  
PARK, FAYE  
1300 NEWTON ST.  
KEY WEST FL**

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**D  
STROCHBACK, CARL STROHBACH  
301 190TH ST  
N MIAMI FL**

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**President  
ELLEN WYNNE  
272-189th Terr  
Miami Beach FL 33160**

☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

☐ Change ☐ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**ELLEN WYNNE** **Feb 17 1999** **305-932-2556**

CR2E037 (11/98)