

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 17, 2001 8:00 am**  
**Secretary of State**

05-17-2001 91309 024 \*\*\*\*61.25

**DOCUMENT # 713076**

1. Entity Name

**JON ERIC HEMOPHILLA CENTER INT., INC.**

Principal Place of Business

Mailing Address

**8880 NW 18TH TERRACE  
 MIAMI FL 33172**

**8880 NW 18TH TERRACE  
 MIAMI FL 33172**

2. Principal Place of Business

**8600 NW 53 TER.**

3. Mailing Address

**8600 NW 53 TER**

Suite, Apt. #, etc.

**Suite 202**

Suite, Apt. #, etc.

**Suite 202**

City & State

**MIAMI**

City & State

**MIAMI FL**

Zip

**33166**

Country

**USA**

Zip

**33166**

Country

**USA**

6. Name and Address of Current Registered Agent

**BOULLON, ROSALIE H  
 8880 NW 18TH TERRACE  
 MIAMI FL 33172**

4. FEI Number

**59-1047329**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

7. Name and Address of New Registered Agent

Name

**ROSALIE H. BOULLON**

Street Address (P.O. Box Number is Not Acceptable)

**8600 NW 53 TER - Suite 202**

City

**MIAMI**

FL

Zip Code

**33166**

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

*Rosalie H. Boullon*

Signature, typed or printed name of registered agent and title if applicable.

(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	DTV	<input type="checkbox"/> Delete
NAME	BOULLON, ROSALIA	
STREET ADDRESS	8880-18TH TERR	
CITY-ST-ZIP	MIAMI FL 33172	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WYNN, MERRY	
STREET ADDRESS	272 189TH TERR	
CITY-ST-ZIP	MIAMI BEACH FL 33160	
TITLE	ST	<input type="checkbox"/> Delete
NAME	STROHBACH, VIRGINIA	
STREET ADDRESS	301 190 ST.	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	PARK, FAYE	
STREET ADDRESS	1300 NEWTON ST.	
CITY-ST-ZIP	KEY WEST FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	STROHBACH, CARL	
STREET ADDRESS	301 190TH ST	
CITY-ST-ZIP	N MIAMI FL	
TITLE	CONSULTANT	<input type="checkbox"/> Delete
NAME	WYNNE, ELLEN	
STREET ADDRESS	172 189TH TERR	
CITY-ST-ZIP	MIAMI BEACH FL 33160	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSALIE H. BOULLON	
STREET ADDRESS	8600 NW 53 TER - Suite 202	
CITY-ST-ZIP	MIAMI FL 33166	
TITLE	KATHA HARDEN	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	6620 SW 43 ST	
STREET ADDRESS	MIAMI FL 33155	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	MD - ROSALIE H. BOULLON	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	8600 NW 53 TER - Suite 202	
STREET ADDRESS	MIAMI FL 33166	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	CONSULTANT-T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WYNNE, ELLEN	
STREET ADDRESS	172 189TH TERR	
CITY-ST-ZIP	MIAMI BEACH 33160	

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:** *Rosalie H. Boullon* **ROSALIE H. BOULLON, P-05-01-01**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)