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May 20 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 719670 (2)

1. Corporation Name

HELEN B. BENTLEY FAMILY HEALTH CENTER, INC.

Principal Place of Business

3090 SW 37TH AVE.
MIAMI FL 33133

Mailing Address

3090 SW 37TH AVE.
MIAMI FL 33133-4311



3. Date Incorporated or Qualified
11/10/1970

3a. Date of Last Report
04/12/1996

4. FEI Number
59-1481561

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

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

29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DAVIS, CALEB A
3090 SW 37TH AVENUE
MIAMI FL 33133

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 CD ☒ DELETE
NAME LIGAMMARE, LARRY
STREET ADDRESS 5710 SW 52ND TERRACE
CITY-ST-ZIP SOUTH MIAMI FL

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE VOD ☐ DELETE
NAME BUTLER, DONALD J.
STREET ADDRESS 5981 SW 63RD CT
CITY-ST-ZIP S MIAMI FL 33143

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE CD ☐ DELETE
NAME ROLLE, FRANKIE S
STREET ADDRESS 3430 WILLIAMS AVE
CITY-ST-ZIP MIAMI FL 33133

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE P ☐ DELETE
NAME DAVIS, CALEB A
STREET ADDRESS 155 NW 91ST ST
CITY-ST-ZIP MIAMI SHORES FL 33150

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE SD ☐ DELETE
NAME SANDS, PINKY
STREET ADDRESS 6061 S.W. 63RD COURT
CITY-ST-ZIP SOUTH MIAMI FL 33143

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE TD ☐ DELETE
NAME FIELDS, HAROLD T. JR
STREET ADDRESS 601 NE 57TH ST
CITY-ST-ZIP MIAMI FL 33137

6.1 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.

CR2E037 (9/96)