FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997

MIAMI FL 33137

14. I do hereby certify that the informat information indicated on this annu-I am an officer or director of the appears in Block 12 or Block 1 d

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

FILED

May 20 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

719670

(2)

HELEN B. BENTLEY FAMILY HEALTH CENTER, INC.

SSO SN 97TH AVE. MAM R. 23133 B. Date Incorported or Qualit of St. Date Incorported or Quality St. Date Incorporation Incorpor									
A. Date incorporated or Qualified Sa. Date incorporated or Qualified Sa. Date of East Report 11/10/1970 3a. Date Incorporation of Solution Date of East Report 11/10/1970 3a. Date of East Report 11/10/1970 3a. Date of East Report 3a.	Principal Place of Business Mailing Address						1 (80) (6 (800) (10) (80) (80) (80)	hani dibil albil albil albi	B(B) Q(\$([Q 3)
2. Principal Place of Business									
Sulfix, Apt. #, etc. Sulfix, Apt. #, etc.							3. Date Incorporated or Qualified 11/10/1970	3a. Date of Last 04/12/1	Report 996
Suic, Apt. #, etc. 27 City & Statio City & Statio 28 City & Statio 29 Country 29 Country	2. Principal P	lace of Business	2a. Mailing /						Applied For
City & Stato City	21						59-1481561		
Zip	22		27	27					
Zip Country Zip Sol Sol Country Sol	—	ė	<u></u>	 			1 1		
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 11. Name and Address of New Registered Agent 12. Street Address (P.O. Box Number is Not Acceptable) 13. Street Address (P.O. Box Number is Not Acceptable) 14. Pursuant to he provisions of Sections 617 0502 and 617, 1508, Fiorida Statutes 15. Street Address (P.O. Box Number is Not Acceptable) 16. Street Address (P.O. Box Number is Not Acceptable) 17. Pursuant to he provisions of Sections 617 0502 and 617, 1508, Fiorida Statutes 18. Street Address (P.O. Box Number is Not Acceptable) 18. Street Address (P.O. Box Number is Not Acceptable) 18. Street Address (P.O. Box Number is Not Acceptable) 18. Street Address (P.O. Box Number is Not Acceptable) 18. Street Address (P.O. Box Number is Not Acceptable) 18. Street Address (P.O. Box Number is Not Acceptable) 18. Street Address (P.O. Box Number is Not Acceptable) 18. Street Address (P.O. Box Number is Not Acceptable) 19. Street Address (P.O. Box Number is Not Acceptable) 19. Street Address (P.O. Box Number is Not Acceptable) 19. Street Address (P.O. Box Number is Not Acceptable) 19. Street Address (P.O. Box Number is Not Acceptable) 19. Street Address (P.O. Box Number is Not Acceptable) 19. Street Address (P.O. Box Number is Not Acceptable) 19. Street Address (P.O. Box Number is Not Acceptable) 19. Street Address (P.O. Box Number is Not Acceptable) 19. Street Address (P.O. Box Number is Not Acceptable) 19. Street Address (P.O. Box Number is Not Acceptable) 19. Street Address (P.O. Box Number is Not Acceptable) 19. Street Address (P.O. Box Number is Not Acceptable) 19. Street Address (P.O. Box Number is Not Acceptable) 19. Street Address (P.O. Box Number is Not Acceptable) 19. Street Address (P.O. Box Number is Not Acceptable) 19. Street Address (P.O. Box Number is Not Acceptable) 19. Street Address (P.O. Box Nu		Country		+ · · + · · · · · · · · · · · · · · · ·					
DAVIS, CALEB A 3000 SW 377H AVENUE MIAMI FL 33133 B4 City FL B5 Zip Codo 11. Pursuant to the provisions of Sections 617 0502 and 617 1508, Florida Statutos. B4 City FL B5 Zip Codo 11. Pursuant to the provisions of Sections 617 0502 and 617 1508, Florida Statutos was authorized by the corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Sections 617 0503, Florida Statutos. B5 Zip Codo 11. Pursuant to the provisions of Sections 617 0502 and 617 1508, Florida Statutos was authorized by the corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 617 0503, Florida Statutos. B5 Zip Codo 11. Pursuant to the provisions of Sections 617 0502 and 617 1508, Florida Statutos was authorized by the corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 617 0503, Florida Statutos. B6 Zip Codo 11. Pursuant to the provisions of Section 617 0503, Florida Statutos was authorized by the corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 617 0503, Florida Statutos. B6 Zip Codo B7 Zip	-	<u></u>							
DAVIS, CALEB A 3090 SW 97TH AVENUE MIAMI FL 33133 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 as registered agent, or both, in the State of Florida Such change was authorized by the corporation submits this statement for the purpose of changing as registered agent, are transfer with, and accept the deligations of, Section 617.0503, Florida Statutes. SIGNATURE SIGNATURE 12. OF FICERS AND DIRECTORS 13. ADDITIONS/CHANGES 10 OFFICERS AND DIRECTORS 1.111111 12. OFFICERS AND DIRECTORS 1.111111 12. WARE STREET ADDRESS SIGNATURE 13. ADDITIONS/CHANGES 10 OFFICERS AND DIRECTORS IN 12.2 NAME STREET ADDRESS SIGNATURE 15. OFFICERS AND DIRECTORS 1.111111 16. CD LIGAMMARE, LARRY 5710 SW 52ND TERRACE SUITH MIAMI FL 1.101115 1.101111 1.101111 1.101111 1.10111 1.101111 1.101111 1.10111 1.101111 1.101	24				30				
3090 SW 37TH AVENUE MIAMI FL 33133 88 80 City FL 85 City Code T1. Pursuant to the provisions of Socions 617.0502 and 617.1508. Fiorida Statutos, the above-named corporation submits this statement for the purpose of changing its registered edge on registered agent, or both, in this State of Florida Statutos, the above-named corporation submits this statement for the purpose of changing its registered edge of registered agent and the inspiratory of the collegations of, Socion 617.0503, Florida Statutos SIGNATURE T2. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 14. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 LIQAMMARE, LARRY SIRETADORESS CITY-ST-ZIP TITLE VCD DELETE 13. THIE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. STREET ADDRESS CITY-ST-ZIP TITLE VCD DELETE 13. THIE CD Change Addition NME BUTILER, DONALD J. SIRETADORESS SOUTH MIAMI FL 33. SIRETADORESS CITY-ST-ZIP TITLE VCD Change Addition Addition NME ROLLE, FRANKIE S 33. SIRETADORESS 33. SIRETADORESS 34. City ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 14. CITY-ST-ZIP TITLE VCD Change Addition Addition NME SIRETADORESS SOUTH MIAMI FL 33. SIRETADORESS SOUTH MIAMI FL 33. SIRETADORESS SOUTH MIAMI FL 33. SIRETADORESS SOUTH MIAMI FL 34. SIRETADORESS TITLE CD Change Addition Addition ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Addition TITLE CD Change Addition					81	Name		giorina rigori.	
MiAMI FL 33133 83					82	Street Addre	ess (P.O. Box Number is Not Acceptate	ole)	
TI. 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 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, and married miller with, and accept the obligations of, Section 617 0503, Florida Statutes. SIGNATURE									
TI. 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 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, and married miller with, and accept the obligations of, Section 617 0503, Florida Statutes. SIGNATURE					84	City		85 Z	n Code
SIGNATURE Signalure, typed or printed name of registered agent and tille it apprication. NOTE: registered agent signature recokined when reinstating)						' '		FLII	
Separate Lyped or printed nearest registered again styrature required when relineating) DATE	11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.								its registered as registered
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	SIGNATURE								
TITLE					·	ent signature require			
NAME				-/			ADDITIONS/CHANGES TO OFFIC		····
STREET ADDRESS 5710 SW 52ND TERRACE 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP SOUTH MIAMI FL			U					∟ chang	a L_] Addition
CITY-ST-ZIP SOUTH MIAMI FL						ADDRECC			
TITLE	•	AAUTU MAND EI							
NAME BUTLER, DONALD J. 22 NAME			Γ	-	-	oi-zir		Chann	e Addition
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CITY-ST-ZIP	STREET ADDRESS			1		ADDRESS			
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DELETE MIAMI FL 33133 3.4 CITY-ST-ZIP	NAME	·		3.2	3.2 NAME				
TITLE	STREET ADDRESS	l .		3.3 STREET ADDRESS		ADDRESS			
NAME DAVIS, CALEB A 1.2 NAME 1.2 NAME 1.3 STREET ADDRESS 1.5 NW 91ST ST 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP					, CITY- S	ST-ZIP			
STREET ADDRESS		•	L	J DELETE 4.1	TITLE			Chang	e Addition
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AND AIP PARTI AT			_					F-1 0.10119	
AUREN MARIERA LELLA AL LER AL LEL AL LEL LA	STREET ADDRESS	601 NE 57TH ST				ADDRESS			

6.4 CITY-ST-ZIP

supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the port or supply herital annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that apply for the feetiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name