

FILE NOW: FILING FEE IS \$61.25

FILED

Jul 09 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **719670**
1. Corporation Name

HELEN B. BENTLEY FAMILY HEALTH CENTER, INC.

Principal Place of Business 3090 S.W. 37 Avenue Miami, FL 33133	Mailing Address 3090 S.W. 37 Ave. MIAMI, FLORIDA 33133-4311
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	25. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified 11/10/1970	4. FEI Number 59-1481561	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

9. Name and Address of Current Registered Agent
**DAVIS, CALEB A
3090 S.W. 37 Ave.
Miami, FL 33133**

10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	NAME
CHAIRMAN/DIRECTOR <input type="checkbox"/> DELETE	ROLLE, FRANKIE S.
STREET ADDRESS	2430 WILLIAMS AVE.
CITY-ST-ZIP	MIAMI, FLORIDA 33133
TITLE	NAME
VICE CHAIR/DIRECTOR <input type="checkbox"/> DELETE	BUTLER, DONALD J.
STREET ADDRESS	5961 S.W. 63rd Court
CITY-ST-ZIP	So. Miami, FLORIDA 33143
TITLE	NAME
TREASURER/DIRECTOR <input type="checkbox"/> DELETE	FIELDS, HAROLD T. JR.
STREET ADDRESS	601 N.E. 57 Street
CITY-ST-ZIP	MIAMI, FLORIDA 33137
TITLE	NAME
SECRETARY/DIRECTOR <input type="checkbox"/> DELETE	SANDS, PINKY
STREET ADDRESS	6061 S.W. 63rd Court
CITY-ST-ZIP	SOUTH MIAMI, FLORIDA 33143
TITLE	NAME
PRESIDENT <input type="checkbox"/> DELETE	DAVIS, CALEB A.
STREET ADDRESS	155 N.W. 91st Street
CITY-ST-ZIP	MIAMI SHORES, FLORIDA 33137
TITLE	NAME
<input type="checkbox"/> DELETE	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-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 the information with an address.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

600002586036
-07/13/98--01019--038
***70.00

6-29-98 (305) 447-4450
Date Daytime Phone: 214

CR2E037 (10/97)