

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jun 30, 1999 8:00 am
Secretary of State

06-30-1999 90006 019 ****70.00

DOCUMENT #

719670

1. Corporation Name

HELEN B. BENTLEY FAMILY HEALTH CENTER, INC.

Principal Place of Business

Mailing Address

**3090 S.W. 37th Avenue
Miami, Florida 33133**

**3090 S.W. 37th Avenue
Miami Florida 33133-4311**

2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

11/10/1970

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

Applied For

22 City & State

27 City & State

59-1459-1481561

Not Applicable

23 Zip Country

28 Zip Country

5. Certificate of Status Desired ☒ **\$8.75** Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**Caleb A. Davis
3090 S.W. 37th Avenue
Miami, Florida 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 **Chairman/Director** ☐ DELETE
NAME **Butler, Donald J.**
STREET ADDRESS **5961 S.W. 63rd Ct.**
CITY-ST-ZIP **So. Miami, FL 33143**

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

TITLE **Vice Chairman/Director** ☐ DELETE
NAME **Porcelain, Sherri L.**
STREET ADDRESS **753 Minorca Avenue**
CITY-ST-ZIP **Coral Gables, FL 33134**

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

TITLE **Treasurer/Director** ☐ DELETE
NAME **Young, Robert Paul**
STREET ADDRESS **6825 Hardee Road**
CITY-ST-ZIP **So. Miami, Florida 33143**

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

TITLE **Secretary/Director** ☐ DELETE
NAME **Sfakianaki, Eleni**
STREET ADDRESS **530 Caligula**
CITY-ST-ZIP **Coral Gables, FL 33146**

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

TITLE **President** ☐ DELETE
NAME **Davis, Caleb A.**
STREET ADDRESS **3090 S.W. 37th Avenue**
CITY-ST-ZIP **Miami, Florida 33133**

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 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 an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)