

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Apr 08, 2004 08:00 AM
Secretary of State

DOCUMENT # 719670

1. Entity Name

HELEN B. BENTLEY FAMILY HEALTH CENTER, INC.



Principal Place of Business

3090 SW 37TH AVE.
MIAMI FL 33133-4311

Mailing Address

3090 SW 37TH AVE.
MIAMI FL 33133-4311

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1481561

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

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

City

FL

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE CD ☐ Delete
NAME SFAKIANAKI, ELENI
STREET ADDRESS 530 CALIGULA
CITY - ST - ZIP CORAL GABLES FL 33146

TITLE VCD ☐ Delete
NAME TINNIE, GENE S
STREET ADDRESS 74 NW 51ST STREET
CITY - ST - ZIP MIAMI FL 33127

TITLE TD ☐ Delete
NAME LIGAMARE, LARRY
STREET ADDRESS 5710 SW 52ND TERRACE
CITY - ST - ZIP S MIAMI FL 33143

TITLE SD ☐ Delete
NAME RIVERO, HUMBERTO
STREET ADDRESS 5700 SW 58TH COURT
CITY - ST - ZIP SOUTH MIAMI FL 33143

TITLE P ☐ Delete
NAME DAVIS, CALEB A
STREET ADDRESS 3090 SW 37TH AVE
CITY - ST - ZIP MIAMI FL 33133

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 1100000106786
CITY - ST - ZIP 04/08/04-80029-011 70.00

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

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:

Caleb A Davis Treas/CSD

3-30-04 (305) 351-1314