


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 21, 2005 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 Suite, Apt #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 59-1481561	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent DAVIS, CALEB A 3090 SW 37TH AVENUE MIAMI FL 33133				7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW: FEE IS \$81.25 Due By May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make Check Payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CD SFAKIANAKI, ELENI 530 CALIGULA CORAL GABLES FL 33146	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VCD TINNIE, GENE S 74 NW 51ST STREET MIAMI FL 33127	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD LIGAMARE, LARRY 5710 SW 52ND TERRACE S MIAMI FL 33143	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD RIVERO, HUMBERTO 5700 SW 58TH COURT SOUTH MIAMI FL 33143	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P DAVIS, CALEB A 3090 SW 37TH AVE MIAMI FL 33133	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	(Empty)	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	(Empty)	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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: <i>Caleb A Davis, CALEB A DAVIS, CD</i> 2-4-05					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					



1st MOORE CR2E037 (10/04)

4. FEI Number **59-1481561**

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

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	CD SFAKIANAKI, ELENI 530 CALIGULA CORAL GABLES FL 33146	<input type="checkbox"/> Delete
TITLE	VCD TINNIE, GENE S 74 NW 51ST STREET MIAMI FL 33127	<input type="checkbox"/> Delete
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TITLE	SD RIVERO, HUMBERTO 5700 SW 58TH COURT SOUTH MIAMI FL 33143	<input type="checkbox"/> Delete
TITLE	P DAVIS, CALEB A 3090 SW 37TH AVE MIAMI FL 33133	<input type="checkbox"/> Delete
TITLE	(Empty)	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	(Empty)	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	(Empty)	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	U00000238283 02/21/05-80092-014 70.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	(Empty)	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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SIGNATURE: *Caleb A Davis, CALEB A DAVIS, CD* 2-4-05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR