

FILE NOW: FILING FEE IS \$61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1996		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 720924 (0)

1. Corporation Name
COMMUNITY HEALTH OF SOUTH DADE, INC.



Principal Place of Business 10300 S.W. 216 STREET MIAMI FL 33190	Mailing Address 10300 S.W. 216 STREET MIAMI FL 33190
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 05/12/1971	3a. Date of Last Report 03/15/1995
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 59-1372690	Applied For Not Applicable
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23 Zip	28 Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24 Zip	25 Country	29 Zip	30 Country
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	

HARTLEY, BRODES H., JR.
 10300 S W 216 STREET
 MIAMI FL 33190

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PFUFF, ROBERT	1.2 NAME	
STREET ADDRESS	9830 SANTOS DR	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 00000	1.4 CITY-ST-ZIP	
TITLE	PD	2.1 TITLE	Chairman / <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNS, ODELL	2.2 NAME	
STREET ADDRESS	20031 SW 83 AVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN, HARRELL	3.2 NAME	
STREET ADDRESS	11450 SW 200 ST	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	
TITLE	SD D	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GARCIA, JUANITA	4.2 NAME	
STREET ADDRESS	866 NW 15TH ST	4.3 STREET ADDRESS	1758 W MOWRY
CITY-ST-ZIP	HOMESTEAD FL	4.4 CITY-ST-ZIP	33030
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRADY, LEONARD	5.2 NAME	
STREET ADDRESS	9105 NW 25 ST #3089	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: *Deane Johnson* Chairman 4/22/96 305 252-4853
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)

Pg 202
S/D

D
Chief L. Brady
9105 NW 25 Street #3009
Miami, Florida 33172

D
Ms. Patricia Birch
17335 SW 303 Street
Homestead, FL 33030

Comm. Juanita Smith
706 NW 3 Street
Florida City, FL 33031

D
Mr. Harrell Brown
11450 SW 200 Street
Miami, Florida 33157

D
Ms. Basilia Campos
867 NW 4 Avenue
Homestead, FL 33030

V/D
Ms. Merian Smith
19600 SW 320 ST
HOMESTEAD, FL 33030

D
Mr. Joseph Brown
11841 SW 196 Terrace
Miami, Florida 33177

D
Bro. Joseph James
10467 SW 170 Terrace
Miami, Florida 33157

D
Mr. Valerie Woods
26425 SW 137 Court
Homestead, FL 33032

D
Dr. Marjorie Burkett
9135 SW 125 Ave P-309
Miami, Florida 33176

C/D
Mr. Odell T. Johns
20031 SW 83 Avenue
Miami, Florida 33189

Ms. Juanita Garcia
1758 W. Mowry Drive
Homestead, FL 33030

D
Mary Webster, Esq.
11021 SW 153 Street
Miami, FL 33157

D
Mr. Julian Cicatiello
JMH ACC W 112
1611 NW 12 Avenue
Miami, Florida 33136

V/D
Carlos Llanes, MD
434 SW 12 Avenue
Miami, Florida 33130

D
Ms. Lizzierene Pope
10720 SW 222 Drive
Goulds, FL 33170

D
Ms. Mable Clarington
11701 SW 193 Street
Miami, Florida 33177

D
Ms. Patricia S. Due
19620 Bel Aire Drive
Miami, Florida 33157

D
Mr. Manuel J. Nunez
9376 SW 185 Street
Miami, Florida 33157

D
Ms. Clara Fountain
19620 SW 117 Ave
Miami, Fl 33177

T/D
Mr. Robert Pfaff
9830 Santos Drive
Miami, Fl 33189