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Mar 26 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 # 720924 (0)
 1. Corporation Name
COMMUNITY HEALTH OF SOUTH DADE, INC.



Principal Place of Business 10300 S.W. 216 STREET MIAMI FL 33180	Mailing Address 10300 S.W. 216 STREET MIAMI FL 33180
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3. Date Incorporated or Qualified 05/12/1971	
4. FEI Number 59-1372690	Applied For <input checked="" 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	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
	Country 30

9. Name and Address of Current Registered Agent HARTLEY, BRODES H., JR. 10300 S W 216 STREET MIAMI FL 33190	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code
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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		DELETED
TITLE	TD	<input type="checkbox"/>
NAME	PFAFF, ROBERT	
STREET ADDRESS	9830 SANTOS DR	
CITY-ST-ZIP	MIAMI, FL 00000	
TITLE	CD	<input checked="" type="checkbox"/>
NAME	JOHNS, ODELL	
STREET ADDRESS	20031 SW 83 AVE	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/>
NAME	BROWN, HARRELL	
STREET ADDRESS	11450 SW 200 ST	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/>
NAME	GARCIA, JUANITA	
STREET ADDRESS	1758 W MOWRY	
CITY-ST-ZIP	HOMESTEAD FL	
TITLE	D	<input type="checkbox"/>
NAME	BRADY, LEONARD	
STREET ADDRESS	9105 NW 25 ST #3089	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		CHANGED	ADDED
1.1 TITLE	D	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE	C/D	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.2 NAME	Llanes, Carlos G.		
2.3 STREET ADDRESS	1330 Coral Way #102		
2.4 CITY-ST-ZIP	Coral Gables, Fl 33145		
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE	President	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6.2 NAME	Brodes H. Hartley, Jr.		
6.3 STREET ADDRESS	10300 SW 216 Street		
6.4 CITY-ST-ZIP	Miami, FL		

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.

SIGNATURE:  **Brodes H. Hartley, Jr.**
 305 252 4857
 3/16/98

CR2E037 (10/97)

COMMUNITY HEALTH OF SOUTH DADE, INC
BOARD OF DIRECTORS

D
Chief L. Brady
9105 NW 25 Street #3048
Miami, Florida 33172

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

S/D
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

VP/D
Ms. Merian Smith
Box 700636
Goulds, FL 33170

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

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

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

D
Dr. Marjorie Burkett
9135 SW 125 Ave P-309
Miami, Florida 33186

D
Ms. Joan Carter
7275 SW 166 Street
Miami, FL 33157

D
Ms. Norma Gomez
15850 SW 252 St
Homestead, FL 33031

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

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

D
Ms. Thelma Gibson
3661 Franklin Ave
Miami, FL 33133

C/D
Carlos Llanes, MD
1330 Coral Way #102
Miami, Florida 33145

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

D
Mr. Karleton Wulf
17435 SW 90 Ave
Miami, Florida 33157

D
Mr. Manuel J. Nunez
9376 SW 185 St
Miami, FL 33157

D
Mr. Robert Pfaff
9830 Santos Drive
Miami, FL 33189

D
Ms. Clara Fountain
19620 SW 117 Avenue
Miami, FL 33177

D
Ms. Deidre Smith
13731 Jackson St
Miami, FL 33176

T/D
Ms. Frieda Brown
10370 SW 146 St
Miami, FL 33176