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Feb 17 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 736086 (0)

1. Corporation Name

FLORIDA COMMUNITY HEALTH CENTERS, INC.

Principal Place of Business

4450 S TIFFANY DRIVE
WEST PALM BEACH FL 33407
US

Mailing Address

4450 S TIFFANY DRIVE
WEST PALM BEACH FL 33407-3241
US3. Date Incorporated or Qualified
06/14/19763a. Date of Last Report
04/05/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

4. FEI Number
59-1671640Applied For
Not Applicable5. Certificate of Status Desired ☒ \$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

BROWN, EDWIN W.
4450 S TIFFANY DRIVE
WEST PALM BEACH FL 33407

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

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

TITLE T ☐ DELETE
NAME HART, VICTOR
STREET ADDRESS 4659 34TH AVENUE
CITY-ST-ZIP GIFFORD FLTITLE DC ☒ DELETE
NAME DURANT, MITCHELL
STREET ADDRESS 2818 S US 1
CITY-ST-ZIP FT. PIERCE FLTITLE PCEO ☐ DELETE
NAME BROWN, EDWIN W
STREET ADDRESS 4450 S TIFFANY DRIVE
CITY-ST-ZIP W PALM BEACH FLTITLE S ☒ DELETE
NAME HEIZLER, KAREN
STREET ADDRESS 2864 BOAT RAMP ROAD
CITY-ST-ZIP PALM CITY FLTITLE D ☐ DELETE
NAME SNURE, HELGA
STREET ADDRESS 18008 SW 153RD STREET
CITY-ST-ZIP INDIANTOWN FLTITLE D ☐ DELETE
NAME LITTLE, BARBARA
STREET ADDRESS 2146 POLO GARDENS DRIVE
CITY-ST-ZIP WELLINGTON FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP2.1 TITLE CHAIR ☐ Change ☒ Addition
2.2 NAME JANET TAYLOR
2.3 STREET ADDRESS P.O. BOX 764 N/A
2.4 CITY-ST-ZIP CLEWISTON, FL 334403.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP4.1 TITLE SECRETARY ☐ Change ☒ Addition
4.2 NAME PORTIA GEORGE
4.3 STREET ADDRESS 707 N. 19TH STREET
4.4 CITY-ST-ZIP FT. PIERCE, FL 349505.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/8/97 561 8449443
Date Daytime Phone # 0040459

CR2E037 (9/96)