

FILE NOW: FILING FEE IS \$61.25

FILED
Feb 10 1998 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 736086 (0)
1. Corporation Name

FLORIDA COMMUNITY HEALTH CENTERS, INC.



Principal Place of Business

Mailing Address

4450 S TIFFANY DRIVE
WEST PALM BEACH FL 33407
US

4450 S TIFFANY DRIVE
WEST PALM BEACH FL 33407
US

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

3. Date Incorporated or Qualified

06/14/1976

4. FEI Number

59-1671640

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

T
NAME HART, VICTOR
STREET ADDRESS 4859 34TH AVENUE
CITY-ST-ZIP GIFFORD FL

☐ DELETE

C
NAME JANET TAYLOR
STREET ADDRESS P.O. BOX 764 N/A
CITY-ST-ZIP CLEWISTO FL

☐ DELETE

PCEO
NAME BROWN, EDWIN W
STREET ADDRESS 4450 S TIFFANY DRIVE
CITY-ST-ZIP W PALM BEACH FL

☐ DELETE

S
NAME PORTIA GEORGE
STREET ADDRESS 707 N. 19TH STREET
CITY-ST-ZIP FT. PIERCE FL

☐ DELETE

D
NAME SNURE, HELGA
STREET ADDRESS 18008 SW 153RD STREET
CITY-ST-ZIP INDIANTOWN FL

☐ DELETE

D
NAME LITTLE, BARBARA
STREET ADDRESS 2146 POLO GARDENS DRIVE
CITY-ST-ZIP WELLINGTON FL

☐ DELETE

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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: EDWIN W. BROWN, PCEO 1/29/98 (561) 844 9443

CP2E037 (10/97)