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NONPROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

* 3 339583-90119-8 3 *

DOCUMENT # 736086

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 21	2a. Mailing Address 26	3. Date Incorporated or Qualified: 06/14/1976
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number: 59-1671640 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired ☒ — $8.75 Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees

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 ______________________ DATE ________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	T ☐ DELETE	1.1 TITLE	T ☒ Change ☐ Addition
NAME	HART, VICTOR	1.2 NAME	Joyce Addison (Director)
STREET ADDRESS	4659 34TH AVENUE	1.3 STREET ADDRESS	425 E. Haiti Avenue
CITY-ST-ZIP	GIFFORD FL	1.4 CITY-ST-ZIP	~~Clewiston, FL~~
TITLE	C ☐ DELETE	2.1 TITLE	C ☒ Change ☐ Addition
NAME	JANET TAYLOR	2.2 NAME	Jose Encarnacion (Director)
STREET ADDRESS	P.O. BOX 764 N/A	2.3 STREET ADDRESS	2625 Melaleuca Blvd.
CITY-ST-ZIP	CLEWISTO FL	2.4 CITY-ST-ZIP	Port St. Lucie, FL
TITLE	PCEO ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	BROWN, EDWIN W	3.2 NAME	
STREET ADDRESS	4450 S TIFFANY DRIVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	W PALM BEACH FL	3.4 CITY-ST-ZIP	
TITLE	S ☐ DELETE	4.1 TITLE	S ☒ Change ☐ Addition
NAME	PORTIA GEORGE	4.2 NAME	Ivory Hamilton (Director)
STREET ADDRESS	707 N. 19TH STREET	4.3 STREET ADDRESS	14938 S.W. 171st Ave.
CITY-ST-ZIP	FT. PIERCE FL	4.4 CITY-ST-ZIP	Indiantown, FL
TITLE	D ☐ DELETE	5.1 TITLE	VC ☒ Change ☐ Addition
NAME	SNURE, HELGA	5.2 NAME	Helga Snure (Director)
STREET ADDRESS	16008 SW 153RD STREET	5.3 STREET ADDRESS	531 S.E. West Virginia Dr.
CITY-ST-ZIP	INDIANTOWN FL	5.4 CITY-ST-ZIP	~~Port St. Lucie, FL~~
TITLE	D ☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	LITTLE, BARBARA	6.2 NAME	
STREET ADDRESS	2146 POLO GARDENS DRIVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	WELLINGTON FL	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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED 1/22/99 (561) 844 9443
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (11/98)