

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 738164 (3)
1. Corporation Name
STANLEY C. MYERS COMMUNITY HEALTH CENTER, INC.



Principal Place of Business Mailing Address
710 ALTON ROAD MIAMI BEACH FL 33139 710 ALTON ROAD MIAMI BEACH FL 33139

3. Date Incorporated or Qualified 03/01/1977 3a. Date of Last Report 02/08/1995

21	2. Principal Place of Business	2a. Mailing Address	26	4. FEI Number	59-1829984	Applied For	
22	Suite, Apt. #, etc.	Suite, Apt. #, etc.	27	5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required	
23	City & State	City & State	28	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00 May Be Added to Fees	
24	Zip	Country	29	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/>	Yes <input type="checkbox"/> No	
			30				

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
PRESS, BEVERLY 9790 S.W. 107 COURT MIAMI FL 33176				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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	D <input type="checkbox"/> DELETE	11 TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEISBURD, SIDNEY	12 NAME	
STREET ADDRESS	862 W 47 STR	13 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BCH FL	14 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	21 TITLE	T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NOTKIN, ARNOLD	22 NAME	
STREET ADDRESS	8777 COLLINS AVE. #302	23 STREET ADDRESS	
CITY-ST-ZIP	SURFSIDE FL 33154	24 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	31 TITLE	V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARTINEZ, LIANA	32 NAME	
STREET ADDRESS	6880 ABBOTT AVE #510	33 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BCH FL	34 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PRESS, BEVERLY	42 NAME	
STREET ADDRESS	9790 S.W. 107 CT	43 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	44 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	51 TITLE	S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KRAMER, ELAINE	52 NAME	
STREET ADDRESS	1410 W. 24TH ST.	53 STREET ADDRESS	
CITY-ST-ZIP	SUNSET ISLE FL 33139	54 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PINON, JOE	62 NAME	
STREET ADDRESS	1700 COVENTION CENTER DRIVE	63 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH FL	64 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, changed, or on an attachment with an address.

SIGNATURE: [Signature] (Beverly Press) Feb. 1, 1996 (305) 528-0423
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date of the Filing

CR2E037 (12/95)