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Mar 03 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION  
ANNUAL REPORT  
1997



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 33139-5504

3. Date Incorporated or Qualified 03/01/1977  
3a. Date of Last Report 02/07/1996

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

4. FEI Number 59-1829984 Applied For Not Applicable

5. Certificate of Status Desired X \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

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 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

TITLE P WEISBURD, SIDNEY  
NAME WEISBURD, SIDNEY  
STREET ADDRESS 862 W 47 STR  
CITY-ST-ZIP MIAMI BCH FL

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE T NOTKIN, ARNOLD  
NAME NOTKIN, ARNOLD  
STREET ADDRESS 8777 COLLINS AVE. #302  
CITY-ST-ZIP SURFSIDE FL

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE V MARTINEZ, LIANA  
NAME MARTINEZ, LIANA  
STREET ADDRESS 6880 ABBOTT AVE #510  
CITY-ST-ZIP MIAMI BCH FL

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

CARLOS E. FERNANDEZ  
800 27TH ST.  
MIAMI BEACH, FL 33141

TITLE D PRESS, BEVERLY  
NAME PRESS, BEVERLY  
STREET ADDRESS 9790 S.W. 107 CT  
CITY-ST-ZIP MIAMI FL

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE S KRAMER, ELAINE  
NAME KRAMER, ELAINE  
STREET ADDRESS 1410 W. 24TH ST.  
CITY-ST-ZIP SUNSET ISLE FL

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE D PINON, JOE  
NAME PINON, JOE  
STREET ADDRESS 1700 COVENTION CENTER DRIVE  
CITY-ST-ZIP MIAMI BEACH FL

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

SOLOMON LICHTER  
1020 NORTH SHORE DR  
MIAMI BEACH, FL 33141

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: BEVERLY PRESS  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/14/97 305-538-9835-133  
Date Daytime Phone # 0027275

CR2E037 (9/96)