

**FILE NOW: FILING FEE IS \$61.25**

**FILED**

**Mar 16 1998 8:00am  
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
---	---	---

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



Principal Place of Business <b>710 ALTON ROAD MIAMI BEACH FL 33139</b>	Mailing Address <b>710 ALTON ROAD MIAMI BEACH FL 33139</b>
---	---

3. Date Incorporated or Qualified <b>03/01/1977</b>	
4. FEI Number <b>59-1829984</b>	Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26</b>
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>
City & State <b>23</b>	City & State <b>28</b>
Zip <b>24</b>	Country <b>25</b>
Zip <b>29</b>	Country <b>30</b>

5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

**9. Name and Address of Current Registered Agent**

**PRESS, BEVERLY  
9790 S.W. 107 COURT  
MIAMI FL 33176**

**10. Name and Address of New Registered Agent**

<b>B1</b> Name	
<b>B2</b> Street Address (P.O. Box Number is Not Acceptable)	
<b>B3</b>	
<b>B4</b> City	<b>B5</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**12. OFFICERS AND DIRECTORS**

TITLE	<b>P</b> <input type="checkbox"/> DELETE
NAME	<b>WEISBURD, SIDNEY</b>
STREET ADDRESS	<b>882 W 47 STR</b>
CITY-ST-ZIP	<b>MIAMI BCH FL</b>
TITLE	<b>T</b> <input type="checkbox"/> DELETE
NAME	<b>NOTKIN, ARNOLD</b>
STREET ADDRESS	<b>8777 COLLINS AVE. #302</b>
CITY-ST-ZIP	<b>SURFSIDE FL</b>
TITLE	<b>V</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>FERNANDEZ, CARLOS E.</b>
STREET ADDRESS	<b>800 77TH ST.</b>
CITY-ST-ZIP	<b>MIAMI BCH FL</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>PRESS, BEVERLY</b>
STREET ADDRESS	<b>9790 S.W. 107 CT</b>
CITY-ST-ZIP	<b>MIAMI FL</b>
TITLE	<b>S</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>KRAMER, ELAINE</b>
STREET ADDRESS	<b>1410 W. 24TH ST.</b>
CITY-ST-ZIP	<b>SUNSET ISLE FL</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>LICHTER, SOLOMON</b>
STREET ADDRESS	<b>1020 NORTH SHORE DRIVE</b>
CITY-ST-ZIP	<b>MIAMI BEACH FL</b>

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>ANDREA PANTUANI</b>
3.3 STREET ADDRESS	<b>3000 BISCAYNE BLVD #50-</b>
3.4 CITY-ST-ZIP	<b>MIAMI FL 33137</b>
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	<b>VERONICA JABOUR</b>
5.3 STREET ADDRESS	<b>800 77 STREET</b>
5.4 CITY-ST-ZIP	<b>MIAMI BEACH FL 33141</b>
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Beverly Press* **ABC/97 305-538-8835 x137**

CR2E037 (10/97)