

FILE NOW: FILING FEE IS \$61.25

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

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 738164 (3)
1. Corporation Name
STANLEY C. MYERS COMMUNITY HEALTH CENTER, INC.



Principal Place of Business 710 ALTON ROAD MIAMI BEACH FL 33139	Mailing Address 710 ALTON ROAD MIAMI BEACH FL 33139
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3. Date Incorporated or Qualified 03/01/1977	
4. FEI Number 59-1829984	Applied For <input type="checkbox"/> Not Applicable

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

5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
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

B1 Name	
B2 Street Address (P.O. Box Number is Not Acceptable)	
B3	
B4 City	B5 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	P <input type="checkbox"/> DELETE
NAME	WEISBURD, SIDNEY
STREET ADDRESS	882 W 47 STR
CITY-ST-ZIP	MIAMI BCH FL
TITLE	T <input type="checkbox"/> DELETE
NAME	NOTKIN, ARNOLD
STREET ADDRESS	8777 COLLINS AVE. #302
CITY-ST-ZIP	SURFSIDE FL
TITLE	V <input checked="" type="checkbox"/> DELETE
NAME	FERNANDEZ, CARLOS E.
STREET ADDRESS	800 77TH ST.
CITY-ST-ZIP	MIAMI BCH FL
TITLE	D <input type="checkbox"/> DELETE
NAME	PRESS, BEVERLY
STREET ADDRESS	9790 S.W. 107 CT
CITY-ST-ZIP	MIAMI FL
TITLE	S <input checked="" type="checkbox"/> DELETE
NAME	KRAMER, ELAINE
STREET ADDRESS	1410 W. 24TH ST.
CITY-ST-ZIP	SUNSET ISLE FL
TITLE	D <input type="checkbox"/> DELETE
NAME	LICHTER, SOLOMON
STREET ADDRESS	1020 NORTH SHORE DRIVE
CITY-ST-ZIP	MIAMI BEACH FL

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	ANDREA PANTJANI
3.3 STREET ADDRESS	3000 BISCAYNE BLVD #50-
3.4 CITY-ST-ZIP	MIAMI FL 33137
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	VERONICA JABOUR
5.3 STREET ADDRESS	800 77 STREET
5.4 CITY-ST-ZIP	MIAMI BEACH FL 33141
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**

CP2E037 (10/97)