

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Mar 02, 1999 8:00 am
Secretary of State

03-02-1999 90100 043 ****61.25

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DOCUMENT # 738164

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



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

03/01/1977

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

59-1829984

Applied For
Not Applicable

23 City & State

27 City & State

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

24 Zip Country

28 Zip Country

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

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

Oscar D. Canas

82 Street Address (P.O. Box Number is Not Acceptable)

770 Cloughton Island #515

83

84 City

Miami

FL

85 Zip Code
33131

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)

1/12/99

DATE

12. OFFICERS AND DIRECTORS

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

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

☐ DELETE

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

☐ DELETE

TITLE V
NAME PANJWANI, ANDREA
STREET ADDRESS 3000 BISCAYNE BLVD #50
CITY-ST-ZIP MIAMI FL 33137

☒ DELETE

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

☒ DELETE

TITLE S
NAME JABDOUR, VERONICA
STREET ADDRESS 800 77TH ST
CITY-ST-ZIP MIAMI BCH FL 33141

☐ DELETE

TITLE D
NAME LICHTER, SOLOMON
STREET ADDRESS 1020 NORTH SHORE DRIVE
CITY-ST-ZIP MIAMI BEACH FL

☐ DELETE

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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

☐ Change ☒ Addition

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

☐ Change ☒ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

V
Eva Barreto
501 41 Street
Miami Beach, FL 33140
D
Oscar D. Canas
770 Cloughton Island #515
Miami, FL 33131

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 of 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: X

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)