DOCUMENT # 738164

1. Entity Name

STANLEY C. MYERS COMMUNITY HEALTH CENTER, INC.

710 ALTON ROAD MIAMI BEACH FL 33139	

FILED May 01, 2000 8:00 am Secretary of State

TO ALTON ROAD MAME BEACH R. 39139 TO ALTON ROAD MAME BEACH R. 39139 TO ALTON ROAD MAME BEACH R. 39139 TO ALTON ROAD MAME BEACH R. 39139550M MAME BEACH R. 39139550M TO ALTON ROAD MAME BEACH R. 39139550M TO ALTON ROAD MAME BEACH R. 39139550M TO CAUGHT Place of Business To Name and Address of Current Registered Agent To State Active Registered Agent To CAMAS, OSCAR D TO CAMAS OSCAR D TO CAM	District Disco of Districts	Mailing Address		 -	02-16-20	00 90050	043 ***	*70.00
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Suite, Apt. #, etc. City & State City & City & State City &	2. Principal Place of Business	3. Mailing Address						
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Signature Sign	Suite, Apt. #, etc.	Suite, Apt. #, etc.			DO NOT WRIT	E IN THIS SP	ACE	
Zip Country Zip Country 5. Certificate of Status Deelered IV \$8.75 Additional Fee Required 8. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 7. Name and Add	City & State	City & State		4. FEI Number	FO 4000004			
S. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Streat Address (P.O. Box Number is Not Acceptable) Streat Address (P.O. Box Number is Not Acceptable) CANAS, OSCAR D 770 CLAUGHTION ISLAND #515 MIAMI FI. 33131 City FL City FL Zip Code Streat Address (P.O. Box Number is Not Acceptable) City FL Zip Code	- To Country	Zin	Country		59-1829984	/ *		
CANAS, OSCAR D 770 CLAUGHTON ISLAND #515 MIAMI FL 33131 City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida. SIGNATURE SIGNATURE SIGNATURE SUBMISS, Noted of printed curre of registered agent and to the purpose of changing its registered office or registered agent, or both, in the state of Florida. NOTE Registered Agent agroupes inspected when sentennes) DATE FILE NOW: FEE IS \$61.25 TITLE WESSURD, SIDNEY SIRET ADDRESS SIRET ADDRE	Zip Country	Zip	Coorday			LES È	ee Required	
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CANAS, OSCAR D TO CALGETTON ISLAND #515 MIAMI FL 33131 City FL Zip Code City FL Zip		, -	L		·	· · · · · · · · · · · · · · · · · · ·		
MAMIFL 33131 City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida. SIGNATURIE Signature, typical or privation name of impartment agent and tite ill application. (NOTE Registered Agent agratuative included when intrinsition) PILE NOW: FEE IS \$61.25 Trust Fund Contribution. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 Department of State Other Provided When intrinsition in the state of Florida. SIGNATURIE Signature, typical or privation name of impartment agent and tite ill application. OFFICERS AND DIRECTORS IN 1. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 Department of State Other Provided When international intern			Street Add	dress (P.O. Box Number	is Not Acceptable)		
B. The above named entity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the state of Florida. SIGNATURE								
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida. SIGNATURE Signature, typed or printed name of registered agent and till applicable. FILE NOW: FEE IS \$61.25 PLECTION Campaign Financing Trust Fund Contribution. Delete TITLE NAME WEISBURD, SIDNEY STREET ADDRESS STREET ADDRESS CITY-51-2P MIAMI BCH FL TITLE NAME STREET ADDRESS SURFSIDE-FL STR	MIAMI FL 33131		City		<u> </u>	FI	Zip Code	
SIGNATURE Signature, hypod or period name of imparamed agand and title if application. (NOTE: Registered Agant signature included when refinitional) DATE	O 70	and for the automore of changing its	ragistared office or	naintered egent or beti	in the state of Flo		<u> </u>	
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indicated on this report or supplemental 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 of trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED ON PRINTED HAME OF SIGNING OFFICER OR DIRECTOR

2-8-00

Daytima Phone #