

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



STATE OF FLORIDA
Sandra S. Mathews
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **758504** (5)
1. Corporation Name
FLORIDA HEALTH COALITION, INC.

FILED
95 FEB 28 AM 4:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
3900 N.W. 79 AVE **3900 N.W. 79 AVENUE**
STE 457 **SUITE #457**
MIAMI FL 33166 **MIAMI FL 33166**
US

3. Date Incorporated or Qualified **05/22/1981** 3a. Date of Last Report **04/12/1994**
4. FEI Number **59-2100916** Applied For Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

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. Zip Country 29. Zip Country 30. Zip Country

9. Name and Address of Current Registered Agent
~~SFORZA, JOHN N.~~ **CAROL GREY**
3900 N.W. 79 AVE
STE 457
MIAMI FL 33166

10. Name and Address of New Registered Agent
81. Name **GREY, CAROL**
82. Street Address (P.O. Box Number is Not Acceptable) **3900 NW 79 AVE.**
83. **SUITE 457**
84. City **MIAMI** FL 85. Zip Code **33166**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE *C. Grey* **C. GREY** DATE **02-08-95**

12. OFFICERS AND DIRECTORS

TITLE	VS
NAME	ZANYK, JOHN
STREET ADDRESS	UNIVERSITY OF MIAMI BOX 248106
CITY, ST, ZIP	MIAMI FL 33124
TITLE	VC
NAME	DOLBY, GREG
STREET ADDRESS	BURDINES - FLORIDA BOX 012350
CITY, ST, ZIP	MIAMI FL 33101
TITLE	T
NAME	CHARNETZKY, MARIANNE
STREET ADDRESS	P. O. BOX 100
CITY, ST, ZIP	BOCA RATON FL 33132
TITLE	CD
NAME	WEINER, SUSAN
STREET ADDRESS	3900 N.W. 79 AVE
CITY, ST, ZIP	MIAMI FL 33166
TITLE	PD
NAME	SFORZA, JOHN N.
STREET ADDRESS	3900 NW 79 AVE STE 457
CITY, ST, ZIP	MIAMI FL 33166
TITLE	VS
NAME	JANE LOHMEIER
STREET ADDRESS	1601 NO. HARRISON PKWY
CITY, ST, ZIP	SUNRISE FL 33323

13. OFFICERS AND DIRECTORS IN 12

1.1 TITLE	CD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Charnetzky, Marianne	
1.3 STREET ADDRESS	P.O. Box 100	
1.4 CITY, ST, ZIP	Boca Raton, FL. 33132	
2.1 TITLE	VC D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Walsh, William	
2.3 STREET ADDRESS	University of Miami, Boc 248106	
2.4 CITY, ST, ZIP	Miami, FL 33124	
3.1 TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Jane Lohmeier	
3.3 STREET ADDRESS	1601 No. Harrison Pkwy	
3.4 CITY, ST, ZIP	Sunrise, FL 33323	
4.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Zoa Langlois	
4.3 STREET ADDRESS	15600 NW 15 Avenue	
4.4 CITY, ST, ZIP	Miami, FL 33169	
5.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Grey, Carol	
5.3 STREET ADDRESS	3900 NW 79 Avenue, Suite 457	
5.4 CITY, ST, ZIP	Miami, FL 33166	
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, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 110.07(9)(b), 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 in the State of Florida. I am an officer or director of this corporation or the receiver or liquidator empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears on Block 12 or Block 13 of this report, or on an attachment with an address.

SIGNATURE: *C. Grey* **CAROL GREY** 2-8-95 (305) 592-4936