

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 758504 (5)

1. Corporation Name

SOUTH FLORIDA HEALTH COALITION, INC.

Principal Place of Business

3900 N.W. 79 AVE  
STE 457  
MIAMI FL 33166

Mailing Address

3900 N.W. 79 AVENUE  
SUITE #457  
MIAMI FL 33166  
US



3. Date Incorporated or Qualified  
05/22/1981

3a. Date of Last Report  
02/28/1995

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

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

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GREY, CAROL  
3900 N.W. 79 AVE  
STE 457  
MIAMI FL 33166

81 Name

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

83

84 City

FL

85 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	CD	<input type="checkbox"/> DELETE
NAME	CHARNETZKY, MARIANNE	
STREET ADDRESS	PO BOX 100 N/A	
CITY- ST- ZIP	BOCA RATON FL	
TITLE	VCD	<input type="checkbox"/> DELETE
NAME	WALSH, WILLIAM	
STREET ADDRESS	UNIVERSITY OF MIAMI BOC 248106	
CITY- ST- ZIP	MIAMI FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	LOHMEIER, JANE	
STREET ADDRESS	1601 N. HARRISON PKWY	
CITY- ST- ZIP	SUNRISE FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	LANGLOIS, ZOA	
STREET ADDRESS	15600 NW 15 AVE	
CITY- ST- ZIP	MIAMI FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	GREY, CAROL	
STREET ADDRESS	3900 NW 79 AVE SUITE 457	
CITY- ST- ZIP	MIAMI FL	
TITLE	V/S	<input checked="" type="checkbox"/> DELETE
NAME	JANE LOHMEIER	
STREET ADDRESS	1601 NO. HARRISON PKWY	
CITY- ST- ZIP	SUNRISE FL 33323	

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY- ST- ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY- ST- ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY- ST- ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY- ST- ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY- ST- ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY- ST- ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)