


FILE NOW: FILING FEE IS \$61.25

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Mar 17 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **758504** (5)
1. Corporation Name
SOUTH FLORIDA HEALTH COALITION, INC.



Principal Place of Business 3900 N.W. 79 AVE STE 457 MIAMI FL 33106	Mailing Address 3900 N.W. 79 AVENUE SUITE #457 MIAMI FL 33106-0348 P.O. Box 560129 Miami, FL 33256-0129	3. Date Incorporated or Qualified 05/22/1981	3a. Date of Last Report 02/14/1996
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2. Principal Place of Business 21 PO BOX 560129 Suite, Apt. #, etc.	2a. Mailing Address 26 PO BOX 560129 Suite, Apt. #, etc.	4. FEI Number 59-2100916	Applied For <input type="checkbox"/> Not Applicable
22 City & State 23 MIAMI, FL Zip 24 33256	27 City & State 28 MIAMI, FL Zip 29 33256	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
25 Country 25 USA	30 Country 30 USA	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent GREY, CAROL John N. SFORZA 3900 N.W. 79 AVE STE 457 MIAMI FL 33106 PO Box 560129 Miami, FL 33256-0129		10. Name and Address of New Registered Agent 81 Name JOHN SFORZA 82 Street Address (P.O. Box Number is Not Acceptable) 815 NW 87 AVENUE, SUITE 207 83 84 City MIAMI FL 85 Zip Code 33126	
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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  **John N. Sforza** DATE **3/10/97**
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHARNETZKY, MARIANNE	1.2 NAME	
STREET ADDRESS	PO BOX 100 N/A	1.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL	1.4 CITY-ST-ZIP	
TITLE	VCD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALSH, WILLIAM	2.2 NAME	
STREET ADDRESS	UNIVERSITY OF MIAMI BOC 248106	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOHMEIER, JANE	3.2 NAME	
STREET ADDRESS	1601 N. HARRISON PKWY	3.3 STREET ADDRESS	
CITY-ST-ZIP	SUNRISE FL	3.4 CITY-ST-ZIP	
TITLE	CD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LANGLOIS, ZOA	4.2 NAME	
STREET ADDRESS	15800 NW 15 AVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP	
TITLE	PD <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GREY, CAROL	5.2 NAME	
STREET ADDRESS	3900 NW 79 AVE SUITE 457	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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.

CR2E037 (9/96)