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Feb 18 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		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

Mailing Address

PO BOX 560129
STE 457
MIAMI FL 33256
US

PO BOX 560129
SUITE #457
MIAMI FL 33256
US

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

JOHN N. SFORZA
815 NW 57 AVE., STE 207
STE 457
MIAMI FL 33126

81 Name **John N. Sforza**

82 Street Address (P.O. Box Number is Not Acceptable)
15321 South Dixie Highway, Ste 311

83

84 City **miami**

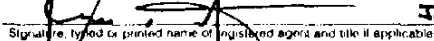
FL

85 Zip Code

33157

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 agent, 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

John N. Sforza

Managing Consultant

2/12/98

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **CD** ☒ DELETE
NAME **CHARNETZKY, MARIANNE**
STREET ADDRESS **PO BOX 100 N/A**
CITY-ST-ZIP **BOCA RATON FL**

TITLE **VCD** ☒ DELETE
NAME **WALSH, WILLIAM**
STREET ADDRESS **UNIVERSITY OF MIAMI BOC 248106**
CITY-ST-ZIP **MIAMI FL**

TITLE **T** ☒ DELETE
NAME **LOHMEIER, JANE**
STREET ADDRESS **1601 N. HARRISON PKWY**
CITY-ST-ZIP **SUNRISE FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE **CD** ☒ Change ☐ Addition
1.2 NAME **Walsh, William**
1.3 STREET ADDRESS **University of Miami BOC 248106**
1.4 CITY-ST-ZIP **Coral Gables, FL 33124**

2.1 TITLE **VCD** ☐ Change ☒ Addition
2.2 NAME **Pascual, Marsha**
2.3 STREET ADDRESS **MIAMI - Dade County 111 N.W. 1 Street**
2.4 CITY-ST-ZIP **miami, FL 33128**

3.1 TITLE **T** ☐ Change ☒ Addition
3.2 NAME **Warren, David**
3.3 STREET ADDRESS **Windmere Corp. 5980 Miami Lakes Drive**
3.4 CITY-ST-ZIP **miami Lakes, FL 33014**

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

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

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

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 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

John N. Sforza

2/12/98

305 255 0059

Date

Daytime Phone #

CP2E037 (10/97)