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**Secretary of State**

02-23-1999 90028 047 \*\*\*\*61.25

**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 758504**

1. Corporation Name

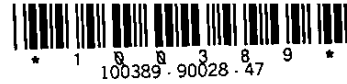
**SOUTH FLORIDA HEALTH COALITION, INC.**

Principal Place of Business

PO BOX 560129  
STE 457  
MIAMI FL 33256  
US

Mailing Address

PO BOX 560129  
SUITE #457  
MIAMI FL 33256  
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 PO Box 560129

27 Suite, Apt. #, etc.

28 Miami Florida

29 33256 30 US

3. Date Incorporated or Qualified

05/22/1981

4. FEI Number

59-2100916

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

9. Name and Address of Current Registered Agent

JOHN N SFORZA  
15321 S DIXIE HWY SUITE 311  
STE 457  
MIAMI FL 33157

10. Name and Address of New Registered Agent

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

TITLE CD ☒ DELETE  
NAME WALSH, WILLIAM  
STREET ADDRESS UNIVERSITY OF MIAMI BOC 248106  
CITY-ST-ZIP CORAL GABLES FL 33124

TITLE VCD ☐ DELETE  
NAME PASCUAL, MARSHA  
STREET ADDRESS MIAMI DADE COUNTY 111 NW 1 ST  
CITY-ST-ZIP MIAMI FL 3312

TITLE T ☐ DELETE  
NAME WARREN, DAVID  
STREET ADDRESS WINDMERE CORP 5980 MIAMI LAKES DR  
CITY-ST-ZIP MIAMI LAKES FL 33014

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE T ☐ Change ☒ Addition  
1.2 NAME MARIANNE CHARNEY  
1.3 STREET ADDRESS 3 I Corp, 4555 Riverside Drive  
1.4 CITY-ST-ZIP Palm Beach Gardens, FL 33410

2.1 TITLE CD ☒ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE VCD ☒ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/4/99

Date

305 255 0059

Daytime Phone #

CR2E037 (11/98)