

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 # **758555** (7)

1. Corporation Name

SOUTHEAST FLORIDA SOCIETY FOR HEALTHCARE MATERIALS MANAGEMENT, INC.



Principal Place of Business

Mailing Address

C/O MIAMI CHILDREN'S HOSPITAL
3100 S.W. 62ND AVENUE
MIAMI FL 33155-3009

C/O MIAMI CHILDREN'S HOSPITAL
3100 S.W. 62ND AVENUE
MIAMI FL 33155-3009

3. Date Incorporated or Qualified
05/28/1981

3a. Date of Last Report
07/31/1995

2. Principal Place of Business

2a. Mailing Address

21 **C/O HUMBERTO MIÑO**

26 **C/O HUMBERTO MIÑO**

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

22 Suite, Apt. #, etc.
5500 SW 3RD STREET

27 Suite, Apt. #, etc.
5500 SW 3RD STREET

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

23 City & State
PLANTATION, FL

28 City & State
PLANTATION, FL

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

24 Zip **33317** 25 Country **USA**

29 Zip **33317** 30 Country **USA**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

RAMPERSAD, RALPH
10810 SW 167TH ST.
MIAMI FL 33157

81 Name **HUMBERTO MIÑO**
82 Street Address (P.O. Box Number is Not Acceptable)
5500 SW 3RD STREET
83 **\$**
84 City **PLANTATION, FL** 85 Zip Code **33317**

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

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

HUMBERTO MIÑO, PRESIDENT.

4/22/96

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME **DP BROWN, PATRICIA L**
STREET ADDRESS **12201 S.W. 148TH STREET, #501**
CITY-ST-ZIP **MIAMI FL 33186**

1.1 TITLE **DP** ☒ Change ☐ Addition
1.2 NAME **HUMBERTO MIÑO**
1.3 STREET ADDRESS **5500 SW 3RD STREET**
1.4 CITY-ST-ZIP **PLANTATION, FL 33317**

TITLE ☒ DELETE
NAME **DV JORDAN, DENNIS**
STREET ADDRESS **11030 NW 33RD CT.**
CITY-ST-ZIP **CORAL SPRINGS FL**

2.1 TITLE **D** ☐ Change ☒ Addition
2.2 NAME **ELIZABETH LA FONTAINE.**
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE ☒ DELETE
NAME **S GUITON, MARGE**
STREET ADDRESS **6900 N.W. 30TH AVE.**
CITY-ST-ZIP **FORT LAUDERDALE FL 33309**

3.1 TITLE **T D** ☐ Change ☒ Addition
3.2 NAME **LOURDEZ PITA**
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☒ DELETE
NAME **T RAMPERSAD, RALPH**
STREET ADDRESS **10810 SW 167TH ST.**
CITY-ST-ZIP **MIAMI FL**

4.1 TITLE ☒ Change ☐ Addition
4.2 NAME **PATRICIA L. BROWN.**
4.3 STREET ADDRESS **12201 S.W. 148TH STREET, # 501**
4.4 CITY-ST-ZIP **MIAMI, FL 33186.**

TITLE ☐ DELETE
NAME **D MINO, HUMBERTO**
STREET ADDRESS **5500 S.W. 3RD STREET**
CITY-ST-ZIP **PLANTATION FL 33140**

5.1 TITLE **D** ☐ Change ☒ Addition
5.2 NAME **DALE ADAMSON.**
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE **D** ☐ Change ☒ Addition
6.2 NAME **JESSICA JOACHIM**
6.3 STREET ADDRESS
6.4 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:

H. Miño **HUMBERTO MIÑO, PRESIDENT**

4/22/96 (954) 581-3754

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)