FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

$120

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
1995 FEB -8 PM 2:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 766852 (8)

1. Corporation Name
THE HEALTH COUNCIL OF SOUTH FLORIDA, INC.

Principal Place of Business	Mailing Address
5757 BLUE LAGOON DR SUITE 170 MIAMI FL 33126	5757 BLUE LAGOON DR SUITE 170 MIAMI FL 33126

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/04/1983
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-2268478 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / 29
Country — 25 / 30

9. Name and Address of Current Registered Agent

ALBURY, DONYA R.
5757 BLUE LAGOON DR
STE 170
MIAMI FL 33126

10. Name and Address of New Registered Agent

81 Name: Albury, Sonya R.
82 Street Address (P.O. Box Number is Not Acceptable):
83
84 City: FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	C ☒ Change ☐ Addition
NAME	MAUK, WILLIAM H., JR.	1.2 NAME	Jardon, Mario E.
STREET ADDRESS	7600 CORPORATE CENTER DR	1.3 STREET ADDRESS	NW Dade Center, 4175 W. 20th Avenue
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	Hialeah, FL 33012
TITLE	TD	2.1 TITLE	TD ☐ Change ☐ Addition
NAME	LOPEZ, EMILIO	2.2 NAME	Lopez, Emilio
STREET ADDRESS	5700 NORTHEAST 4TH COURT	2.3 STREET ADDRESS	5700 NE 4th Court
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	Miami, FL
TITLE	D	3.1 TITLE	S ☐ Change ☒ Addition
NAME	GREENBLATT, IRVING	3.2 NAME	Courtney, Frank
STREET ADDRESS	5757 BLUE LAGOON DR STE 170	3.3 STREET ADDRESS	P.O. Box 2100
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	Key West, FL 33045
TITLE	SD	4.1 TITLE	VC ☒ Change ☐ Addition
NAME	GORMAN, ELAINE	4.2 NAME	Gorman, Elaine
STREET ADDRESS	98600 OVERSEAS HWY	4.3 STREET ADDRESS	98600 Overseas Highway
CITY-ST-ZIP	KEY LARGO FL	4.4 CITY-ST-ZIP	Key Largo, FL
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

Deposited by Bank

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)(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: (X) Sonya Albury Executive Director 1/17/95 305-263-9020
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0006733