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 # 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

3. Date Incorporated or Qualified: 02/04/1983
3a. Date of Last Report: 02/08/1995

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

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

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

9. Name and Address of Current Registered Agent

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

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: X Sonya R. Albury 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	C	☐ DELETE	1.1 TITLE	T	☐ Change ☒ Addition
NAME	JARDON, MARIO E.		1.2 NAME	Mike Latham, Esq.	
STREET ADDRESS	NW DADE CENTER 4175 W. 20TH AVENUE		1.3 STREET ADDRESS	19 West Flagler Street, #18	
CITY-ST-ZIP	HIALEAH FL 33012		1.4 CITY-ST-ZIP	Miami, Florida 33130	
TITLE	TD	☒ DELETE	2.1 TITLE	MD	☐ Change ☒ Addition
NAME	LOPEZ, EMILIO		2.2 NAME	Sonya R. Albury	
STREET ADDRESS	5700 NORTHEAST 4TH COURT		2.3 STREET ADDRESS	5757 Blue Lagoon Drive, #170	
CITY-ST-ZIP	MIAMI FL		2.4 CITY-ST-ZIP	Miami, FL 33126	
TITLE	D	☒ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	GREENBLATT, IRVING		3.2 NAME		
STREET ADDRESS	5757 BLUE LAGOON DR STE 170		3.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		3.4 CITY-ST-ZIP		
TITLE	VC	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	GORMAN, ELAINE		4.2 NAME		
STREET ADDRESS	98600 OVERSEAS HWY		4.3 STREET ADDRESS		
CITY-ST-ZIP	KEY LARGO FL		4.4 CITY-ST-ZIP		
TITLE	S	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	COURTNEY, FRANK		5.2 NAME		
STREET ADDRESS	P.O.BOX 2100 N/A		5.3 STREET ADDRESS		
CITY-ST-ZIP	KEY WEST FL 33045		5.4 CITY-ST-ZIP		
TITLE	T	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	Mike Latham, Esq.		6.2 NAME		
STREET ADDRESS	19 West Flagler Street, # 1102		6.3 STREET ADDRESS		
CITY-ST-ZIP	Miami, Florida 33130		6.4 CITY-ST-ZIP		

CR2E037 (12/95)

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: X Sonya R. Albury — 3/12/96 — (305) 263-9020
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #