

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
Aug 27 1997 8:00am
Secretary of State

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

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SUITE 170
MIAMI FL 33126

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
02/04/1983

3a. Date of Last Report
03/27/1996

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME JARDON, MARIO E. - D
STREET ADDRESS NW DADE CENTER 4175 W. 20TH AVENUE
CITY-ST-ZIP MIAMI FL 33012

1.1 TITLE Vice Chair ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE ☒ DELETE
NAME LANHAM, MIKE EBO
STREET ADDRESS 19 WEST PLAYTER STREET, #18
CITY-ST-ZIP MIAMI FL 33130

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

TITLE ☐ DELETE
NAME ALBURY, SONYA R
STREET ADDRESS 5757 BLUE LAGOON DRIVE, #170
CITY-ST-ZIP MIAMI FL 33126

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

TITLE ☐ DELETE
NAME GORMAN, ELAINE - D
STREET ADDRESS 98600 OVERSEAS HWY
CITY-ST-ZIP KEY LARGO FL

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

TITLE ☐ DELETE
NAME COURTNEY, FRANK - D
STREET ADDRESS P.O. BOX 2100 N/A
CITY-ST-ZIP KEY WEST FL 33045

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE CAROLINA CALDERIN - D ☐ Change ☒ Addition
6.2 NAME Secretary
6.3 STREET ADDRESS 5959 NW 7th Street
6.4 CITY-ST-ZIP Miami FL 33126

14. I do 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 REQUIRED

Executive Director

CR2E037 (4/97)