

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

**APPROVED  
AND  
FILED**

CORPORATION  
ANNUAL REPORT  
1995



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

95 MAR 23 AM 11:13

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # K18487 (4)**

1. Corporation Name  
**OPA LOCKA COMMUNITY CLINIC, INC.**

Principal Place of Business Mailing Address  
**3195 N.W. 135TH STREET 3195 N.W. 135TH STREET  
OPA LOCKA FL 33054-4829 OPA LOCKA FL 33054-4829**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **03/18/1988** 3a. Date of Last Report **03/09/1994**

4. FEI Number **65-0051360** 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

2. Principal Place of Business 2a. Mailing Address  
21 Suits, Apt. #, etc. 26 **ROGER J. MERRITT, ESO**  
22 City & State 27 **SUITE 218, 300 41 ST.**  
23 28 **MIAMI BEACH, FL**  
24 Zip 25 Country 29 **33140** 30 **USA**

9. Name and Address of Current Registered Agent  
**MERRITT, ROGER  
SUITE 218, 300-41 STREET  
MIAMI BEACH FL 33140**

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 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when restate) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS  
TITLE **PD**  
NAME **BERMAN, MIKHAIL**  
STREET ADDRESS **3195 NW 135 ST.**  
CITY - ST - ZIP **OPA LOCKA FL**  
TITLE **STD**  
NAME **DIXON, BETTY**  
STREET ADDRESS **3195 NW 135 ST.**  
CITY - ST - ZIP **OPA LOCKA FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
1.1 TITLE  Change  Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY - ST - ZIP  
2.1 TITLE  Change  Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY - ST - ZIP  
3.1 TITLE  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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or by an amendment with an address.

SIGNATURE: **Mikail Berman** 3/13/95 (305) 681-2855  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Typed Name)