

**2001 UNIFORM BUSINESS REPORT (UBR)**

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**FILED**  
**Mar 13, 2001 8:00 am**  
**Secretary of State**

02-01-2001 90020 044 \*\*\*\*70.00

**DOCUMENT # N00000003059**

1. Entity Name

**STANLEY C. MYERS COMMUNITY HEALTH CENTER FOUNDAT**

Principal Place of Business

Mailing Address

710 ALTON RD.  
 MIAMI FL 33139

710 ALTON RD.  
 MIAMI FL 33139

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**FED ID# Filed For**

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CANAS, OSCAR**  
**710 ALTON RD.**  
**MIAMI FL 33139**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and DSO, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:**  
**FEES IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  Delete  
 NAME **D WEISS, TEENA ELLEN**  
 STREET ADDRESS **6431 PINE TREE DR. CIR.**  
 CITY-ST-ZIP **MIAMI FL 33141**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **D CANAS, OSCAR**  
 STREET ADDRESS **710 ALTON RD.**  
 CITY-ST-ZIP **MIAMI FL 33139**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **D GALANTINI, KATHRYN**  
 STREET ADDRESS **710 ALTON RD.**  
 CITY-ST-ZIP **MIAMI FL 33139**

TITLE  Change  Addition  
 NAME **D ABBATE, KATHRYN**  
 STREET ADDRESS **710 ALTON ROAD**  
 CITY-ST-ZIP **MIAMI, FL 33139**

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**2/20/01**

CR2E037 (10/00)