

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N00000003059

FILED
May 08, 2002 8:00 AM
Secretary of State

Entity Name: STANLEY C. MYERS COMMUNITY HEALTH CENTER FOUNDATION, INC.

Current Principal Place of Business:

710 ALTON RD.
MIAMI, FL 33139

New Principal Place of Business:

Current Mailing Address:

710 ALTON RD.
MIAMI, FL 33139

New Mailing Address:

FEI Number: 65-1110322 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CANAS, OSCAR
710 ALTON RD.
MIAMI, FL 33139

Name and Address of New Registered Agent:

ABBATE, KATHRYN
710 ALTON RD.
MIAMI, FL 33139

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: KATHRYN ABBATE 05/08/2002
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: WEISS, TEENA ELLEN
Address: 6431 PINE TREE DR. CIR.
City-St-Zip: MIAMI, FL 33141

Title: D () Delete
Name: CANAS, OSCAR
Address: 710 ALTON RD.
City-St-Zip: MIAMI, FL 33139

Title: D () Delete
Name: ABBATE, KATHRYN
Address: 710 ALTON RD.
City-St-Zip: MIAMI, FL 33139

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CD (X) Change () Addition
Name: TRAGER, MARILYN S
Address: 710 ALTON ROAD
City-St-Zip: MIAMI BEACH, FL 33139

Title: VD (X) Change () Addition
Name: NOTKIN, ARNOLD
Address: 710 ALTON ROAD
City-St-Zip: MIAMI BEACH, FL 33139

Title: MD (X) Change () Addition
Name: ABBATE, KATHRYN
Address: 710 ALTON RD.
City-St-Zip: MIAMI, FL 33139

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KATHRYN ABBATE MD 05/08/2002
Electronic Signature of Signing Officer or Director Date