

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000008302

FILED
Mar 17, 2004
Secretary of State**Entity Name:** HOMESTEAD AREA INDIGENT CARE FOUNDATION, INC.**Current Principal Place of Business:**%MELVIN C. MORGENSTERN, GABLES ONE TOWER
#1275, 1320 S. DIXIE HIGHWAY
CORAL GABLES, FL 33146**New Principal Place of Business:****Current Mailing Address:**%MELVIN C. MORGENSTERN, GABLES ONE TOWER
#1275, 1320 S. DIXIE HIGHWAY
CORAL GABLES, FL 33146**New Mailing Address:****FEI Number:** 31-1760128**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**SAXON, KYLE R
169 E. FLAGLER STREET
SUITE 1700
MIAMI, FL 33131 US**Name and Address of New Registered Agent:**MORGENSTERN, MELVIN C
1320 S. DIXIE HIGHWAY
SUITE 1275
CORAL GABLES, FL 33146 US

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: MELVIN C. MORGENSTERN

03/17/2004

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:Title: D () Delete
Name: VIHLEN, FREDERICK MD
Address: 17295 SW 292 ST
City-St-Zip: HOMESTEAD, FL 33030Title: D () Delete
Name: GARZA, MARIA
Address: 28300 S.W. 152ND STREET
City-St-Zip: MIAMI, FL 33033Title: TD () Delete
Name: CARPENTER, WILLIE
Address: 10965 S.W. 175 STREET
City-St-Zip: MIAMI, FL 33157Title: VC () Delete
Name: HANSON, CARL
Address: 23 DILLY TREE PARK
City-St-Zip: KEY LARGO, FL 33037Title: D () Delete
Name: CADMAN, GEORGE
Address: 9768 S.W. 106 TERRACE
City-St-Zip: MIAMI, FL 33176Title: SD () Delete
Name: SOULE, PAUL
Address: 9471 S.W. 97TH STREET
City-St-Zip: MIAMI, FL 33176**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: () Change () Addition
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City-St-Zip:Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: JANET IVY

D

03/17/2004

Electronic Signature of Signing Officer or Director

Date

MELVIN C. MORGENSTERN, EXEC DIRECTOR
SUITE 1275 GABLES ONE TOWER
1320 S. DIXIE HIGHWAY
CORAL GABLES, FL 33146

MAYOR ROSCOE WARREN
790 N. HOMESTEAD BOULEVARD
HOMESTEAD, FL 33030

STEVE SAPP
27451 SW 170 AVENUE
HOMESTEAD, FL 33031

ROBERT J. JENSEN
18640 SW 295 TERRACE
HOMESTEAD, FL 33030

JANET IVY
200 NE 2ND DRIVE
HOMESTEAD, FL 33030