

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N01326 (0)**

1. Corporation Name

HONDURAS MEDICAL AID FOUNDATION OF FLORIDA INCORPORATED



Principal Place of Business: **4416 POINSETTIA AVE. WEST PALM BEACH FL 33407 US**
Mailing Address: **4416 POINSETTA AVE. WEST PALM BEACH FL 33407 US**

3. Date Incorporated or Qualified: **02/08/1984**
3a. Date of Last Report: **02/06/1995**

2. Principal Place of Business (21) Suite, Apt. #, etc. (22) City & State (23) Zip (24) Country (25)
2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) Country (30)

4. FEI Number: **59-2419886**
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

9. Name and Address of Current Registered Agent
**BENDECK, PHYLLIS E.
4416 POINSETTA AVE.
WEST PALM BEACH FL 33407**

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 _____ DATE _____
Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	STD	<input type="checkbox"/> DELETE
NAME	BENDECK, TAUFICK E. MD.	
STREET ADDRESS	4416 POINSETTA AVE.	
CITY-ST-ZIP	WEST PALM BCH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BENDECK, GLENN P.	
STREET ADDRESS	8147 WEST LAKE DR.	
CITY-ST-ZIP	LAKE CLARKE SHORES FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	BENDECK, PHYLLIS E., RN	
STREET ADDRESS	4416 POINSETTA AVE.	
CITY-ST-ZIP	WEST PALM BCH FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	BENDECK, CARL E DR	
STREET ADDRESS	5256 RIDAN WAY	
CITY-ST-ZIP	PALM BEACH GARDENS FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 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 119.07(3)(k), 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: S. E. Bendek, MD DIRECTOR 1/17/96 407-848-1908
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)