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Feb 05 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # N01326 (0)

1. Corporation Name  
HONDURAS MEDICAL AID FOUNDATION OF FLORIDA INCORPORATED



Principal Place of Business: 4416 POINSETTA AVE. WEST PALM BEACH FL 33407 US  
Mailing Address: 4416 POINSETTA AVE. WEST PALM BEACH FL 33407-3818 US

3. Date Incorporated or Qualified: 02/08/1984  
3a. Date of Last Report: 01/29/1996

2. Principal Place of Business (21-24) and Mailing Address (2a-24) details including Suite, Apt. #, City & State, Zip, and Country.  
4. FEI Number: 59-2419886  
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 (81-85) details including Name, Street Address, City, and Zip Code (FL).

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	STD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BENDECK, TAUFICK E. MD.	1.2 NAME	
STREET ADDRESS	4416 POINSETTA AVE.	1.3 STREET ADDRESS	
CITY - ST - ZIP	WEST PALM BCH FL	1.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BENDECK, GLENN P.	2.2 NAME	
STREET ADDRESS	8147 WEST LAKE DR.	2.3 STREET ADDRESS	
CITY - ST - ZIP	LAKE CLARKE SHORES FL	2.4 CITY - ST - ZIP	
TITLE	PD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BENDECK, PHYLLIS E., RN	3.2 NAME	
STREET ADDRESS	4416 POINSETTA AVE.	3.3 STREET ADDRESS	
CITY - ST - ZIP	WEST PALM BCH FL	3.4 CITY - ST - ZIP	
TITLE	VD <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BENDECK, CARL E DR	4.2 NAME	
STREET ADDRESS	5256 RIDAN WAY	4.3 STREET ADDRESS	1328 BELMEADE DRIVE
CITY - ST - ZIP	PALM BEACH GARDENS FL	4.4 CITY - ST - ZIP	KINGSPORT, TN 37664
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do 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 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: *Phyllis E. Bendek* 1/27/97 (561) 848-1908  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0040497

CR2E037 (9/96)