

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1985.
AMOUNT DUE ON OR BEFORE 6/30/85: \$125 (IF DISSOLVED, UNPAID AMOUNT DUE TO PRIVATE: \$200)

NONPROFIT CORPORATION ANNUAL REPORT 1995



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

FILED
 95 JUL -7 AM 8:41
 SECRETARY OF STATE
 TALLAHASSEE FLORIDA

DOCUMENT # N04191 (5)
 1. Corporation Name
ST. FRANCIS - BARRY HEALTH SERVICES, INC.

Principal Place of Business		Mailing Address	
201 N.E. 112TH ST. MIAMI FL 33161		201 N.E. 112TH ST. MIAMI FL 33161	
21	2a. Mailing Address	26	2b. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.
23	City & State	28	City & State
Zip	Country	29	Zip
25	Country	30	Country

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 07/13/1984	3a. Date of Last Report 03/08/1994
4. FBI Number 65-0102402	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>	FILING FEE IS \$61.25
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
FUNK, MORRIS S 201 NE 112TH STREET MIAMI FL 33161				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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 title if applicable. (NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FUNK, MORRIS S	1.2 NAME	
STREET ADDRESS	201 NE 112TH STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	
TITLE	CD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	O'LAUGHLIN, JEANNE SR.	2.2 NAME	
STREET ADDRESS	11300 N.E. 2ND AVE.	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI SHORES FL	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WATTS, HOWARD	3.2 NAME	
STREET ADDRESS	801 45TH ST	3.3 STREET ADDRESS	
CITY-ST-ZIP	W PALM BCH FL	3.4 CITY-ST-ZIP	
TITLE	T	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SWINDLING, EILEEN	4.2 NAME	
STREET ADDRESS	201 N.E. 112TH ST.	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BICE, MICHAEL O	5.2 NAME	
STREET ADDRESS	6200 COURTNEY CAMPBELL CAUSEWAY, STE. 100	5.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CZERNIEC, TIMOTHY H	6.2 NAME	
STREET ADDRESS	201 NE 112 AVENUE	6.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	6.4 CITY-ST-ZIP	
TITLE	D	7.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SULLIVAN, MARIE CELESTE SR.	7.2 NAME	
STREET ADDRESS	6200 COURTNEY CAMPBELL CAUSEWAY, STE. 100	7.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	7.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing was voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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 this corporation or its 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 of this report, or on an attachment with an address.

SIGNATURE: *Morris S. Funk* **Morris S. Funk, NHA** 6/28/95 205 899-4700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (3/95)