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Jan 31 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 # **N10552** **(0)**

1. Corporation Name

SOUTH FLORIDA FAMILY MEDICAL FOUNDATION, INC.

Principal Place of Business	Mailing Address
5361 NW 22ND AVENUE MIAMI FL 33142	5361 NW 22ND AVENUE MIAMI FL 33142-8035

3. Date Incorporated or Qualified: 08/02/1985
3a. Date of Last Report: 02/02/1996

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

4. FEI Number: 59-2681559 ☐ 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

CLINCH, CLEMENTINE
3025 NW 68TH STREET
MIAMI FL 33147

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 _____ (NOTE: Registered Agent's signature required when reinstating) DATE

Signature, typed or printed name of registered agent and title if applicable

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☒ DELETE	1.1 TITLE	Chairperson	☒ Change ☐ Addition
NAME	BRYANT, CASTELL		1.2 NAME	Sonny Wright	
STREET ADDRESS	9025 NE 4TH AVENUE		1.3 STREET ADDRESS	4600 NW 7th Avenue	
CITY-ST-ZIP	MIAMI FL 33138		1.4 CITY-ST-ZIP	Miami, FL 33127	
TITLE	VD	☒ DELETE	2.1 TITLE	V/Chairperson	☒ Change ☐ Addition
NAME	HARRIS, SUSAN		2.2 NAME	Don Friedewald	
STREET ADDRESS	2130 N.W. 107TH STREET		2.3 STREET ADDRESS	1531 N. Oak Knoll Circle	
CITY-ST-ZIP	MIAMI FL 33147		2.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33324	
TITLE	D	☒ DELETE	3.1 TITLE	Secretary	☒ Change ☐ Addition
NAME	GAY, JOSEPH		3.2 NAME	Joseph Pattern	
STREET ADDRESS	8 N.W. 158TH STREET		3.3 STREET ADDRESS	11801 S. Island Rd.	
CITY-ST-ZIP	MIAMI FL		3.4 CITY-ST-ZIP	Cooper City, FL 30326	
TITLE	D	☒ DELETE	4.1 TITLE	D	☒ Change ☐ Addition
NAME	SHEA, KATHLEEN		4.2 NAME	Beatrice Louissaint	
STREET ADDRESS	3163 JACKSON AVENUE		4.3 STREET ADDRESS	6600 NW 27th Avenue, #201	
CITY-ST-ZIP	MIAMI FL		4.4 CITY-ST-ZIP	Miami, FL 33147	
TITLE	D	☒ DELETE	5.1 TITLE	D	☒ Change ☐ Addition
NAME	PARIERA, ALAN		5.2 NAME	Ellen Heidt	
STREET ADDRESS	100 CHOPIN PLAZA		5.3 STREET ADDRESS	5621 NW 19th Avenue	
CITY-ST-ZIP	MIAMI FL		5.4 CITY-ST-ZIP	Miami, FL 33142	
TITLE		☐ DELETE	6.1 TITLE	D	☐ Change ☐ Addition
NAME			6.2 NAME	Alvin Moore	
STREET ADDRESS			6.3 STREET ADDRESS	1401 NW 7th St., Bldg. F.	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	Miami, FL 33125	

CR2E037 (9/96)

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: Sonny Wright — 1/22/97 — 305-751-8642

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0029960