

**FILE NOW: FILING FEE AFTER MAY 1 IS \$100.00**

**CORPORATION  
ANNUAL REPORT  
1995**



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

**FILED**  
**05 MAY - 1 AM 9:55**  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # N25558 (0)**  
1. Corporation Name  
**FOUNDATION WALK-IN CENTER, INC.**

Principal Place of Business Mailing Address  
**315 SE 7TH STREET SUITE 301 FT. LAUDERDALE FL 33301 US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **03/23/1988** 3a. Date of Last Report **05/01/1994**  
4. FEI Number **65-0039119** 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  
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  **\$68.75** Supplemental Fee Not Required  
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

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

9. Name and Address of Current Registered Agent  
**JOHNSON, GARRY  
TRIPP, SCOTT, CONKLIN & SMITH  
110 SE 6 ST. 28 FLOOR  
FT. LAUDERDALE FL 33301**

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 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office familiar with, and accept the obligations of, Section 607.0505, 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

TITLE	VC
NAME	NAVARRO, SHARRON W.
STREET ADDRESS	3100 E. COMMERCIAL BLVD.
CITY - ST - ZIP	FT. LAUDERDALE FL
TITLE	TD
NAME	SHEA, THOMAS H.
STREET ADDRESS	2101 W. COMMERCIAL BLVD., SUITE 2000
CITY - ST - ZIP	FT. LAUDERDALE FL
TITLE	CP
NAME	MORGAN, WALTER L.
STREET ADDRESS	315 NE 3RD AVE., SUITE 200
CITY - ST - ZIP	FT. LAUDERDALE FL
TITLE	D
NAME	SEIN LWIN, MD
STREET ADDRESS	300 SE 17TH ST
CITY - ST - ZIP	FT LAUDERDALE FL
TITLE	D
NAME	STULL, RICHARD J.
STREET ADDRESS	303 SE 17TH STREET
CITY - ST - ZIP	FT LAUDERDALE FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	CPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	THOMAS SHEA	
1.3 STREET ADDRESS	2101 W. Commercial Blvd, Ste 2000	
1.4 CITY - ST - ZIP	Fort Lauderdale, FL	
2.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	ANDREA dib GREENE	
2.3 STREET ADDRESS	315 S.E. 7th Street	
2.4 CITY - ST - ZIP	FT. LAUDERDALE, FL 33301	
3.1 TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	PAMON RODRIGUEZ	
3.3 STREET ADDRESS	7080 N.W. 4th Street, Plantation FL 33317	
3.4 CITY - ST - ZIP		
4.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	SEIN LWIN, MD	
4.3 STREET ADDRESS	300 S.W. 17th Street, Ft. Lauderdale, FL	
4.4 CITY - ST - ZIP		
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	MARLYN DICKINSON	
5.3 STREET ADDRESS	1016 S.E. 6th Street, Ft. Lauderdale, FL	
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 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 110.07(3)(k), Florida Statutes. I further certify 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: \_\_\_\_\_ DATE: **0-1-95** 305 529 0099  
SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR