

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
 AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
 Aug 19 1997 8:00am
 Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N44206 (3)
 1. Corporation Name
OVERTOWN COMMUNITY HEALTH CENTER, INCORPORATED



Principal Place of Business 1550 NW 3RD AVENUE MIAMI FL 33136-1810	Mailing Address 1550 NW 3RD AVENUE MIAMI FL 33136-1810
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 07/05/1991		3a. Date of Last Report 01/31/1996	
21 Suite, Apt. #, etc.	22 City & State	23 Zip	24 Country	25 Suite, Apt. #, etc.	26 City & State	27 Zip	28 Country
g. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
SEMET, LICKSTEIN, MORGENSTERN, ET AL ATTN: MELVIN C. MORGENSTERN, ESQ. 201 ALHAMBRA CIRCLE, 12TH FLOOR CORAL GABLES FL 33134				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
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 signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HORN, RITA	1.2 NAME	Gay, Gregory
STREET ADDRESS	44 NW 88TH ST.	1.3 STREET ADDRESS	269 NW 7th St.
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	Miami, FL
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GAY, GREGORY	2.2 NAME	Wade, Barbara
STREET ADDRESS	269 NW 7TH ST.	2.3 STREET ADDRESS	444 SW 2 Ave
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	Miami, FL
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LANIER, CLARA	3.2 NAME	Bonds, Michelle
STREET ADDRESS	1994 N.W. 5TH PLACE	3.3 STREET ADDRESS	4701 Meridian Ave
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	Miami, FL
TITLE	TD <input type="checkbox"/> DELETE	4.1 TITLE	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOORMAN, ROSE	4.2 NAME	Jeanethe D Thompson
STREET ADDRESS	820 NW 172ND TERR.	4.3 STREET ADDRESS	314 NW 12th St.
CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP	Miami, FL
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 _____ DATE **Aug 6 1997** **305-571-5033**

CP2E037 (4/97)