


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 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 07/05/1991		3a. Date of Last Report 01/31/1996	
				4. FEI Number 65-0283560		Applied For <input type="checkbox"/> 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	
				6. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No			

g. Name and Address of Current Registered Agent

**SEMET, LICKSTEIN, MORGENSTERN, ET AL
ATTN: MELVIN C. MORGENSTERN, ESQ.
201 ALHAMBRA CIRCLE, 12TH FLOOR
CORAL GABLES FL 33134**

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 signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD
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	2.1 TITLE	VD
NAME	GAY, GREGORY	2.2 NAME	Wade, Barbara
STREET ADDRESS	289 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	3.1 TITLE	SD
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	4.1 TITLE	TD
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		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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)