


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$81.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$238.25).

FILED

Sep 11 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 1. Corporation Name N44206			
OVERTOWN COMMUNITY HEALTH CENTER, INCORPORATED			
Principal Place of Business 1550 NW 3 Avenue Miami, FL 33136		Mailing Address 1550 NW 3 Avenue Miami, FL 33136	
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		4. FEI Number 65-0283560	
5. Certificate of Status Desired <input checked="" 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. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. 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 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			
12.1 TITLE Pd 12.2 NAME GAY, GREGORY 12.3 STREET ADDRESS 269 NW 7TH ST 12.4 CITY-STATE-ZIP MIAMI, FL		13.1 TITLE 13.2 NAME 13.3 STREET ADDRESS 13.4 CITY-STATE-ZIP	
12.5 TITLE Pd 12.6 NAME WADE, BARBARA 12.7 STREET ADDRESS 444 SW 2ND AVENUE 12.8 CITY-STATE-ZIP MIAMI, FL		13.5 TITLE 13.6 NAME 13.7 STREET ADDRESS 13.8 CITY-STATE-ZIP	
12.9 TITLE SD 12.10 NAME BONDS, MICHELLE 12.11 STREET ADDRESS 4701 MERIDIAN AVE 12.12 CITY-STATE-ZIP MIAMI, FL		13.9 TITLE SD 13.10 NAME Miranda Albury 13.11 STREET ADDRESS 1490 NW 3 Avenue 13.12 CITY-STATE-ZIP Miami, FL	
12.13 TITLE TD 12.14 NAME THOMPSON, JEANETTE D 12.15 STREET ADDRESS 314 NW 12TH ST 12.16 CITY-STATE-ZIP MIAMI, FL		13.13 TITLE 13.14 NAME 13.15 STREET ADDRESS 13.16 CITY-STATE-ZIP	
12.17 TITLE 12.18 NAME 12.19 STREET ADDRESS 12.20 CITY-STATE-ZIP		13.17 TITLE 13.18 NAME 13.19 STREET ADDRESS 13.20 CITY-STATE-ZIP	
12.21 TITLE 12.22 NAME 12.23 STREET ADDRESS 12.24 CITY-STATE-ZIP		13.21 TITLE 13.22 NAME 13.23 STREET ADDRESS 13.24 CITY-STATE-ZIP	
12.25 TITLE 12.26 NAME 12.27 STREET ADDRESS 12.28 CITY-STATE-ZIP		13.25 TITLE 13.26 NAME 13.27 STREET ADDRESS 13.28 CITY-STATE-ZIP	
12.29 TITLE 12.30 NAME 12.31 STREET ADDRESS 12.32 CITY-STATE-ZIP		13.29 TITLE 13.30 NAME 13.31 STREET ADDRESS 13.32 CITY-STATE-ZIP	
12.33 TITLE 12.34 NAME 12.35 STREET ADDRESS 12.36 CITY-STATE-ZIP		13.33 TITLE 13.34 NAME 13.35 STREET ADDRESS 13.36 CITY-STATE-ZIP	
12.37 TITLE 12.38 NAME 12.39 STREET ADDRESS 12.40 CITY-STATE-ZIP		13.37 TITLE 13.38 NAME 13.39 STREET ADDRESS 13.40 CITY-STATE-ZIP	
12.41 TITLE 12.42 NAME 12.43 STREET ADDRESS 12.44 CITY-STATE-ZIP		13.41 TITLE 13.42 NAME 13.43 STREET ADDRESS 13.44 CITY-STATE-ZIP	
12.45 TITLE 12.46 NAME 12.47 STREET ADDRESS 12.48 CITY-STATE-ZIP		13.45 TITLE 13.46 NAME 13.47 STREET ADDRESS 13.48 CITY-STATE-ZIP	
12.49 TITLE 12.50 NAME 12.51 STREET ADDRESS 12.52 CITY-STATE-ZIP		13.49 TITLE 13.50 NAME 13.51 STREET ADDRESS 13.52 CITY-STATE-ZIP	
12.53 TITLE 12.54 NAME 12.55 STREET ADDRESS 12.56 CITY-STATE-ZIP		13.53 TITLE 13.54 NAME 13.55 STREET ADDRESS 13.56 CITY-STATE-ZIP	
12.57 TITLE 12.58 NAME 12.59 STREET ADDRESS 12.60 CITY-STATE-ZIP		13.57 TITLE 13.58 NAME 13.59 STREET ADDRESS 13.60 CITY-STATE-ZIP	
12.61 TITLE 12.62 NAME 12.63 STREET ADDRESS 12.64 CITY-STATE-ZIP		13.61 TITLE 13.62 NAME 13.63 STREET ADDRESS 13.64 CITY-STATE-ZIP	
12.65 TITLE 12.66 NAME 12.67 STREET ADDRESS 12.68 CITY-STATE-ZIP		13.65 TITLE 13.66 NAME 13.67 STREET ADDRESS 13.68 CITY-STATE-ZIP	
12.69 TITLE 12.70 NAME 12.71 STREET ADDRESS 12.72 CITY-STATE-ZIP		13.69 TITLE 13.70 NAME 13.71 STREET ADDRESS 13.72 CITY-STATE-ZIP	
12.73 TITLE 12.74 NAME 12.75 STREET ADDRESS 12.76 CITY-STATE-ZIP		13.73 TITLE 13.74 NAME 13.75 STREET ADDRESS 13.76 CITY-STATE-ZIP	
12.77 TITLE 12.78 NAME 12.79 STREET ADDRESS 12.80 CITY-STATE-ZIP		13.77 TITLE 13.78 NAME 13.79 STREET ADDRESS 13.80 CITY-STATE-ZIP	
12.81 TITLE 12.82 NAME 12.83 STREET ADDRESS 12.84 CITY-STATE-ZIP		13.81 TITLE 13.82 NAME 13.83 STREET ADDRESS 13.84 CITY-STATE-ZIP	
12.85 TITLE 12.86 NAME 12.87 STREET ADDRESS 12.88 CITY-STATE-ZIP		13.85 TITLE 13.86 NAME 13.87 STREET ADDRESS 13.88 CITY-STATE-ZIP	
12.89 TITLE 12.90 NAME 12.91 STREET ADDRESS 12.92 CITY-STATE-ZIP		13.89 TITLE 13.90 NAME 13.91 STREET ADDRESS 13.92 CITY-STATE-ZIP	
12.93 TITLE 12.94 NAME 12.95 STREET ADDRESS 12.96 CITY-STATE-ZIP		13.93 TITLE 13.94 NAME 13.95 STREET ADDRESS 13.96 CITY-STATE-ZIP	
12.97 TITLE 12.98 NAME 12.99 STREET ADDRESS 12.100 CITY-STATE-ZIP		13.97 TITLE 13.98 NAME 13.99 STREET ADDRESS 13.100 CITY-STATE-ZIP	
14. I 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: _____		08/26/98	

CR2E037 (5/98)