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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N47609

1. Corporation Name

SOUTH FLORIDA CASE MANAGEMENT NETWORK, INC.

Principal Place of Business

8362 PINES BLVD #184
PEMBROKE PINES FL 33024
US

Mailing Address

8362 PINES BLVD #184
PEMBROKE PINES FL 33024
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

03/02/1992

4. FEI Number

65-0325088

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

LOGAN, RICKI S
8362 PINES BLVD
184
PEMBROKE PINES FL 33024

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

Ricki S. Logan, Ricki S. Logan Pres. & President - Brow. 2/22/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☒ DELETE
NAME SOLOMON, VIKI
STREET ADDRESS 10633 ZURICH STREET
CITY-ST-ZIP COOPER CITY FL

TITLE DT ☒ DELETE
NAME BATTRICK, DAWN
STREET ADDRESS 700 NE 26 TERR, 701
CITY-ST-ZIP MIAMI FL 33137

TITLE TD ☒ DELETE
NAME LOGAN, RICKI
STREET ADDRESS 9491 PALM CIR S 207
CITY-ST-ZIP PEMBROKE PINES FL

TITLE PD ☒ DELETE
NAME VANHOUTEN, MARILYN
STREET ADDRESS 12350 SW 132 COURT 213
CITY-ST-ZIP MIAMI FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD ☒ Change ☐ Addition
1.2 NAME Ricki Logan
1.3 STREET ADDRESS 9491 PALM CIR S #207
1.4 CITY-ST-ZIP PEMBROKE PINES, FL 33025

2.1 TITLE TREASURER ☐ Change ☒ Addition
2.2 NAME MAGGIE HELFAN
2.3 STREET ADDRESS 3129 W. HALLANDALE BOY BLVD.
2.4 CITY-ST-ZIP PEMBROKE PARK FL 33009

3.1 TITLE SECRETARY ☐ Change ☒ Addition
3.2 NAME BETTY STOVER
3.3 STREET ADDRESS 4000 N. HILLS DR. #24
3.4 CITY-ST-ZIP HOLLYWOOD, FL 33021

4.1 TITLE PD ☐ Change ☒ Addition
4.2 NAME ANA BENALH
4.3 STREET ADDRESS 9800 S.W. 120 AVENUE
4.4 CITY-ST-ZIP MIAMI, FL 33186

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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, with all other like empowered.

SIGNATURE: *Ricki S. Logan* RICKI S. LOGAN 2/22/99 954-435-9669
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)