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Feb 05 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N93000002753 (2)

1. Corporation Name

GOVERNMENT CENTER HEALTH SERVICES, INC.



Principal Place of Business

Mailing Address

4300 ALTON RD
MIAMI BEACH FL 331404300 ALTON RD
MIAMI BEACH FL 33140-28493. Date Incorporated or Qualified
06/14/19933a. Date of Last Report
03/30/1996

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

4. FEI Number
65-0423855Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LAURENCE, JODI B
4300 ALTON RD
MIAMI BEACH FL 33140

81 Name Alyson R. Serell, Esq.

82 Street Address (P.O. Box Number is Not Acceptable)
4300 Alton Road

83

84 City Miami Beach, FL 85 Zip Code 33140

11. Pursuant to the provisions of Sections 617.0102 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☒ DELETE
NAME LAURENCE, JODI B
STREET ADDRESS 4300 ALTON ROAD
CITY-ST-ZIP MIAMI BEACH FLTITLE D ☐ DELETE
NAME HUDSON, LARRY
STREET ADDRESS 4300 ALTON RD
CITY-ST-ZIP MIAMI BEACH FL 33140TITLE D ☒ DELETE
NAME SONENREICH, STEVEN D
STREET ADDRESS 4300 ALTON RD
CITY-ST-ZIP MIAMI BEACH FL 33140TITLE D ☐ DELETE
NAME HIRT, FRED D
STREET ADDRESS 4300 ALTON RD
CITY-ST-ZIP MIAMI BEACH FL 33140TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP1.1 TITLE D ☐ Change ☒ Addition
1.2 NAME ROBERT J. HENKEL
1.3 STREET ADDRESS 4300 Alton Road
1.4 CITY-ST-ZIP Miami Beach, FL 331402.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP6.1 TITLE ☐ Change ☐ 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Director/Treasurer

1/30/97 305-674-2899

Date

Daytime Phone # 0029679

CR2E037 (9/96)