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CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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DIVISION OF CORPORATIONS
95 JUN -7 AM 10:45

DOCUMENT # **N94000000125 (4)**

1. Corporation Name

INTER-CULTURAL FAMILY HEALTH EDUCATION CENTER, I NC.

Principal Place of Business	Mailing Address
1665 PALM BEACH LAKES BLVD SUITE 600 WEST PALM BEACH FL 33401	1665 PALM BEACH LAKES BLVD SUITE 600 WEST PALM BEACH FL 33401

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/10/1994
3a. Date of Last Report:
4. FEI Number: 65-0458135 ☐ Applied For ☐ Not Applicable

21 2. Principal Place of Business	26 2a. Mailing Address
2300 Palm Beach Lakes Blvd	2300 Palm Beach Lakes Blvd
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
200 - D	200 - D
23 City & State	28 City & State
West Palm Beach, Fl	West Palm Beach, Fl
24 Zip: 33409 25 Country: USA	29 Zip: 33409 30 Country: USA

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. *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
CHERRY, RICHARD G CHERRY & SPENCER PA 1665 PALM BEACH LAKES BLVD SUITE 600 WEST PALM BEACH FL 33401	81 Name: YANICK M. Abellard 82 Street Address (P.O. Box Number is Not Acceptable): 9334 Heathridge dr. 83: West Palm Beach 84 City: West Palm Beach FL 85 Zip Code: 33411

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: YANICK M. ABELLARD — Yanick M. Abellard — 4.27.95
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	President / CEO YANICK M. ABELLARD 9334 Heathridge Dr. West Palm Beach, Fl 33411	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	Tr MARC HENRI NESI, MD 5411 TOWER ROAD Greensboro, NC 27410	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Tr FRANTZ BREA, MD 44 Clark Street Port Jefferson Sta., NY 11776	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	S JOSEPH N. NICAISSE 3420 EMBASSY DRIVE West Palm Beach, Fl 33401	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Tr GRETA S. CHIN, MD 170 MAN-O-WAR Rd. Palm Beach Gardens, Fl 33418	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Treasurer Lesly Desrouleaux, MD 13679 Greentree Trail West Palm Beach, Fl 33414-4047	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Tr BEAU LAGUERRE, MD 900 E OCEAN BLVD, # 334 Stuart, Fl 33994	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Tr LINDA A. MITCHELL, Esq. 1001 W Jasmine Dr. # J-2 Lake Park, Fl 33403	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP		☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Yanick M. Abellard — YANICK M. Abellard — 4.27.95
SIGNATURE AND TYPED OR PRINTED NAME OF BIDDING OFFICER OR DIRECTOR — Date — Daytime Phone #

0010044