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Jun 06 1997 8:00am  
Secretary of State

<b>NONPROFIT CORPORATION ANNUAL REPORT 1997</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N94000000125 (4)**

1. Corporation Name

**INTER-CULTURAL FAMILY HEALTH EDUCATION CENTER, I NC.**

Principal Place of Business

Mailing Address

2300 PALM BEACH BLVD  
SUITE 200-D  
WEST PALM BEACH FL 33409  
US

2300 PALM BEACH BLVD  
ST 200-D  
WEST PALM BEACH FL 33409-3303  
US

3. Date Incorporated or Qualified  
01/10/1994

3a. Date of Last Report  
05/01/1996

2. Principal Place of Business  
21 Same as above

2a. Mailing Address  
26 Same as above

4. FEI Number  
65-0458135

Applied For  
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

City & State

City & State

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

Zip Country

Zip Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

24 25

28 29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ABELLARD, YANICK M  
9334 HEATHRIDGE DR  
1665 PALM BEACH LAKES BLVD SUITE 600  
WEST PALM BEACH FL 33411

81 Name  
Same as in block no. 9

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

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 PCEO ☐ DELETE  
NAME ABELLARD, YANICK M  
STREET ADDRESS 9334 HEATHRIDGE DR  
CITY-ST-ZIP WEST PALM BEACH FL

1.1 TITLE T ☐ Change ☐ Addition  
1.2 NAME MARC HENRI NESI, MD  
1.3 STREET ADDRESS 200 E. Northwood Street, # 206  
1.4 CITY-ST-ZIP Greensboro, NC 27401

TITLE T ☐ DELETE  
NAME BREA, FRANTZ  
STREET ADDRESS 44 CLARK ST  
CITY-ST-ZIP PORT JEFFERSON STATION NY

2.1 TITLE JEAN-ALLAH MONESTIME, M.Div. ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS 2850 Avenue F  
2.4 CITY-ST-ZIP Riviera Beach, FL 33404

TITLE T ☐ DELETE  
NAME CHIN, GRETA S MD  
STREET ADDRESS 170 MAN-O-WAR RD  
CITY-ST-ZIP PALM BEACH GARDENS FL

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE T ☐ DELETE  
NAME DESROULEAUX, LESLY MD  
STREET ADDRESS 13679 GREENTREE TRAIL  
CITY-ST-ZIP WEST PALM BEACH FL

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE T ☐ DELETE  
NAME LAGUERRE, BEAU MD  
STREET ADDRESS 900 E OCEAN BLVD 334  
CITY-ST-ZIP STUART FL

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

TITLE T ☐ DELETE  
NAME MITCHELL, LINDA A ESQ  
STREET ADDRESS 1001 W JASMINE DR J-2  
CITY-ST-ZIP LAKE PARK FL

6.1 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 REQUIRED

Yanick M. Abellard 5/31/97

CR2E037 (9/96)