

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Jun 01, 1999 8:00 am
Secretary of State

06-01-1999 90023 027 ****70.00

DOCUMENT # N94000000125

1. Corporation Name

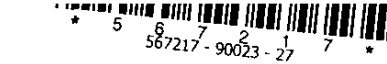
**INTER-CULTURAL FAMILY HEALTH EDUCATION CENTER, I
NC.**

Principal Place of Business

**2300 PALMM BEACH BLVD
STE 103
WEST PALM BEACH FL 33409
US**

Mailing Address

**2300 PALM BEACH BLVD
STE 103
WEST PALM EBACH FL 33409
US**



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

01/10/1994

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number
65-0458135

Applied For
Not Applicable

City & State

City & State

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

Zip Country

Zip Country

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

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 EBACH FL 33411**

81 Name **ABELLARD, YANICK MARSEILLE**

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

83 **9334 HeathRIDGE Drive**

84 City **West Palm beach** **FL** 85 Zip Code **33411**

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 EBACH FL**

1.1 TITLE **T** ☐ Change ☒ Addition
1.2 NAME **LEGERME, GEORGE BA**
1.3 STREET ADDRESS **19610 NE 19th Ave**
1.4 CITY-ST-ZIP **Miami, FL 33179**

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

2.1 TITLE **T** ☐ Change ☒ Addition
2.2 NAME **ADHEMAR, JOCELYN MDiv.**
2.3 STREET ADDRESS **4058 Floral Drive**
2.4 CITY-ST-ZIP **Boynton Beach, FL 33436**

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

3.1 TITLE **T** ☒ Change ☐ Addition
3.2 NAME **BREA, FRANTZ MD**
3.3 STREET ADDRESS **44 CLARK ST**
3.4 CITY-ST-ZIP **PORT JEFFERSON STATION NY**

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

4.1 TITLE **PCEO** ☒ Change ☐ Addition
4.2 NAME **ABELLARD, YANICK MARSEILLE MPH**
4.3 STREET ADDRESS **9334 Heathridge Drive**
4.4 CITY-ST-ZIP **West Palm Beach, FL 33411**

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 **NESI, MARC H MD**
STREET ADDRESS **200 E NORTHWOOD ST, #206**
CITY-ST-ZIP **GREENSBORO NC**

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)(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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Yanick M. Abellard 5/23/99 628-1890

CR2E037 (1/98)