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NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

POCUMENT #

N94000000879 (6)

JEFFERSON REAVES, SR. HEALTH CENTER, INC.

NAME GREEN, ROSA 12 NAME 1.3 STREET ADDRESS 415 NW 6TH STREET 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP MIAMI FL 33 136 1.4 CITY-ST-ZIP TITLE VPD DELETE 2.1 TITLE Change AC AC AC AC AC AC AC A	Principal Place of Business Malling Ad			Idress				1 (40) (10) 6 (6) (1) 6 (6) (1) 6 (6) (1) 6 (6) (1) 6 (6) (1) 6 (6) (1) 6 (6) (1) 6 (6) (1) 6 (6) (1) 6 (6) (1					
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24													
## Name and Address of Current Registered Agent MCKINNEY, ROBERT L 81 Name		<u> </u>	 										
MCKINNEY, ROBERT L 901 NW 49TH STREET MIAMI FL 33127 84 City FL 85 Zip Code 11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Fiorida Statutes, the above-named corporation submits this statement for the purpose of changing its regist 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 registe agent. I am familiar with, and accept the obligations of. Section 617.0503, Florida Statutes. SIGNATURE SIGNATURE SIGNATURE OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE SD OFFICERS AND DIRECTORS 11. TITLE OREEN, ROSA STREET ADDRESS CITY-ST-2P MIAMI FL 33136 14. CITY-ST-2IP TITLE VPD DELETE 1.3 STREET ADDRESS CITY-ST-2P MIAMI FL 33136 14. CITY-ST-2IP TITLE Change Accept the Address (P.O. Box Number is Not Acceptable) 82. Street Address (P.O. Box Number is Not Acceptable) 83. 84 City FL 85 Zip Code Change is registered agent in the purpose of changing its regist of the corporation's board of directors. I hereby accept the appointment as register agent in the corporation's board of directors. I hereby accept the appointment as register agent in the corporation's board of directors. I hereby accept the appointment as register agent in the corporation's board of directors. I hereby accept the appointment as register agent in the corporation's board of directors. I hereby accept the appointment as register agent. SIGNATURE SIGN	24]		····	[30]							LI NO		
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14. Thereby certify that the information supplied with this filing does not quality for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report of 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 officer or director of the cerporation or the receiver of 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 shanged, or on an attachment an address.	indicated officer or Block 12	on this annual report of supplementa director of the corporation or the rec- or Block 13 if changed, or on an atta-	Il annual report is true and acc siver or trustee empowered to consont with an address.	curate and the execute this	nat rep	my signatur port as requ	re shall h uired by (have the same legal effect as Chapter 617, Florida Statutes	if made un and that	nder oath; t	hat I am a ppears in	an 1	

SIGNATURE:

Topopula

1/23/98

(305) 371-9102

FILED

May 20 1998 8:00am

Secretary of State

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