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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N94000000879

1. Corporation Name

JEFFERSON REAVES, SR. HEALTH CENTER, INC.

Principal Place of Business

245 NW 8TH STREET
MIAMI FL 33136

Mailing Address

245 NW 8TH STREET
MIAMI FL 33136



2. Principal Place of Business

21 1009 NW 5th Ave

Suite, Apt. #, etc.

22 N/A

City & State

23 Miami, FL

Zip

24 33136

Country

25 US

2a. Mailing Address

26 1009 NW 5th Ave.

Suite, Apt. #, etc.

27 N/A

City & State

28 Miami, FL

Zip

29 33136

Country

30 US

3. Date Incorporated or Qualified

02/18/1994

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐

\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

MCKINNEY, ROBERT L
901 NW 49TH STREET
MIAMI FL 33127

10. Name and Address of New Registered Agent

81 Name

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

TITLE: SD
NAME: GREEN, ROSA
STREET ADDRESS: 415 NW 6TH STREET
CITY-ST-ZIP: MIAMI FL 33136 ☐ DELETE

TITLE: VPD
NAME: REAVES, CILLFORD
STREET ADDRESS: 4965 NW 29TH AVE
CITY-ST-ZIP: MIAMI FL ☒ DELETE

TITLE: PD
NAME: WHITE, JOHN
STREET ADDRESS: 245 NW 8TH STREET
CITY-ST-ZIP: MIAMI FL 33136 ☐ DELETE

TITLE: D
NAME: GAY, GREGORY
STREET ADDRESS: 275 NW 2ND ST.
CITY-ST-ZIP: MIAMI FL 33128 ☒ DELETE

TITLE: VPD
NAME: Jackson, Arthor
STREET ADDRESS: 9310 SW 6th Street
CITY-ST-ZIP: Pembroke Pines, FL 33025 ☐ DELETE

TITLE: TD
NAME: Franklin, Robert
STREET ADDRESS: 701 Arena Blvd.
CITY-ST-ZIP: Miami, FL 33136 ☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

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

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

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

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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☐ Change ☐ Addition

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

2/22/99

(305) 371-9102

Date

Daytime Phone #

CR2E037-11/98

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