

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N94000000879**

1. Entity Name

JEFFERSON REAVES, SR. HEALTH CENTER, INC.**FILED**
Sep 15, 2002 8:00 am
Secretary of State

09-15-2002 90086 005 ****61.25

0072927

Principal Place of Business Mailing Address

1009 NW 5TH AVE 1009 NW 5TH AVE
MIAMI FL 33136 MIAMI FL 33136

2. Principal Place of Business
1009 NW 5th AVE3. Mailing Address
1009 NW 5th AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

N/A

N/A

City & State
MIAMI, FLCity & State
MIAMI, FL

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

Zip
33136Country
USZip
33136Country
US5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.259. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DEVEAUX, ADA 798 NW 555 STEET MIAMI FL 33127	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WHITE, JOHN 245 NW 8TH STREET MIAMI FL 33136	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD FRANKLIN, ROBERT 701 ARENA BLVD MIAMI FL 33136	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Gay, Gregory 444 SW 2nd Ave 3rd Floor Miami, FL 33130	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Brathwaite, Noel 118 SW South River Drive Miami, FL 33130	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Farrington, James 1301 NW 98th Terrace Miami, FL 33147	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE OF PRESIDENT, BOARD OF DIRECTORS

CR2E037 (9/01)