

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **N94000001694 (8)**

1. Corporation Name

**JAMES A. SISTRUNK BLACK PHYSICIANS' ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

**1625 SE 3RD AVE  
SUITE 723  
FT LAUDERDALE FL 33311**

**MILLER, FREDERICK, V., MD  
233 SEA PINES WAY  
CORAL SPRINGS FL 33071  
US**



3. Date Incorporated or Qualified

**04/06/1994**

4. FEI Number

**65-0481110**

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

**21 1500 University Dr.**

**26 1500 Univ Dr.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**22 #101**

**27 101**

City & State

City & State

**23 Coral Springs Fl.**

**28 Coral Springs Fl.**

Zip

Zip

**24 33071**

**29 33071**

Country

Country

**25 Broward**

**30 Broward**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CHERRY, CHARLES E II  
121 NW 6TH AVE  
FT LAUDERDALE FL 33316**

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☐ DELETE  
NAME **SMITH, CLARENCE MD**  
STREET ADDRESS **10120 NW 5TH AVE**  
CITY-ST-ZIP **PLANTATION FL 33324**

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

TITLE **D** ☒ DELETE  
NAME **LOGAN, ANDREW MD**  
STREET ADDRESS **478 STONEMONT DR**  
CITY-ST-ZIP **WESTON FL 33326**

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME **MD Pancheta B. Wilson**  
2.3 STREET ADDRESS **1500 Univ Dr. # 101**  
2.4 CITY-ST-ZIP **Coral Springs Fl. 33071**

TITLE **D** ☒ DELETE  
NAME **MILLER, FREDERICK V MD**  
STREET ADDRESS **2133 SEA PINES WAY**  
CITY-ST-ZIP **CORAL SPRINGS FL**

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME **MD EDWIN HAMILTON**  
3.3 STREET ADDRESS **40 N N 2 1st St.**  
3.4 CITY-ST-ZIP **POMPANO BEACH FL 33060**

TITLE **MD** ☐ DELETE  
NAME **CLARKE, ALLISON**  
STREET ADDRESS **9750 NW 33RD ST STE 206**  
CITY-ST-ZIP **CORAL SPRINGS FL 33068**

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

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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.

SIGNATURE:

**EDWIN H. HAMILTON, MD** 5/29/98 (954) 484-8333

CR2E037 (10/97)