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Jul 02 1998 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # N95000004870 (0)

1. Corporation Name

ST. PATRICK'S COMMUNITY HEALTH CARE CENTER, INC.



Principal Place of Business

Mailing Address

6444 BISCAYNE BLVD.
MIAMI FL 33137

P.O. BOX 640350
NORTH MIAMI BEACH FL 33164

3. Date Incorporated or Qualified

10/13/1995

4. FEI Number

65-0630445

Applied For
Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ASTREL, JOSUE
17935 N.E. 9 PLACE
N. MIAMI BEACH FL 33162

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 hereby certifies 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 JOSUE, ASTREL

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

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE
NAME DELVA, GESNER MD
STREET ADDRESS 65 N.W. 168 STREET
CITY-ST-ZIP MIAMI FL 33162

TITLE VD ☐ DELETE
NAME ASTREL, JOSUE
STREET ADDRESS 17935 N.E. 9 PLACE
CITY-ST-ZIP NORTH MIAMI BEACH FL 33162

TITLE TD ☐ DELETE
NAME ALOURDE, PIERRE
STREET ADDRESS 17935 N.E. 9 PLACE
CITY-ST-ZIP NORTH MIAMI BEACH FL 33137

TITLE S ☐ DELETE
NAME LATORTUE, JOSEPH
STREET ADDRESS 5707 N.E. MIAMI CT.
CITY-ST-ZIP MIAMI FL 33137

TITLE S ☐ DELETE
NAME BLANC, MARY J
STREET ADDRESS 19510 N.W. 7 AVENUE
CITY-ST-ZIP MIAMI FL 33138

TITLE M ☐ DELETE
NAME MICHEL, MARIE JOSE
STREET ADDRESS 1171 N.W. 161 TERRACE
CITY-ST-ZIP NORTH MIAMI BEACH FL 33162

1.1 TITLE S
1.2 NAME MARC ANTOINE JOSEPH, MD
1.3 STREET ADDRESS 14981 SW 125
1.4 CITY-ST-ZIP PEMBROKE PINES, FL 33027

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

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

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

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

6.1 TITLE T
6.2 NAME JEANINE L. TESSONO
6.3 STREET ADDRESS 20735 N. MIAMI AVE
6.4 CITY-ST-ZIP MIAMI, FL 33169

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 member 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 attached sheet.

SIGNATURE

JOSUE ASTREL

01/28/98 (305) 653-9541

CR2E037 (10/97)