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**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N95000004870**

1. Corporation Name

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

Principal Place of Business

**6444 BISCAYNE BLVD.  
MIAMI FL 33137**

Mailing Address

**P.O. BOX 640350  
NORTH MIAMI BEACH FL 33164**



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

**10/13/1995**

4. FEI Number

**65-0630445**

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

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

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 617.0503 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

**03-22-99**

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE  
NAME **PD DELVA, GESNER MD**  
STREET ADDRESS **85 N.W. 168 STREET**  
CITY-ST-ZIP **MIAMI FL 33162**

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

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

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

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

TITLE ☐ DELETE  
NAME **S JOSEPH, MARC ANTOINE**  
STREET ADDRESS **14981 SW 12TH ST**  
CITY-ST-ZIP **PEMBROKE PINES FL 33027**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

**S TESSONO JEANINE**  
**20735 N. MIAMI AVE 33169**  
**MIAMI, FL**

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

14. I hereby certify that the information supplied with this report 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 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 amendment with an address, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED JOSUE, ASTREL 03-29-99 (305) 653 9541**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)