

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$81.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$235.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # N96000001342 (2)

1. Corporation Name

FLORIDIANS FOR HEALTH CARE, INC.

Principal Place of Business

Mailing Address

POST OFFICE BOX 31441
PALM BEACH GARDENS FL 33420-1441

POST OFFICE BOX 31441
PALM BEACH GARDENS FL 33420-1441



3. Date Incorporated or Qualified

03/06/1996

4. FEI Number

65-0662866

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23

City & State

27

Zip

24

Country

25

Zip

29

Country

30

9. Name and Address of Current Registered Agent

HOOVEN, HERBERT
1400-D VISION DR.
PALM BEACH GARDENS FL 33418

10. Name and Address of New Registered Agent

81 Name

JOSEPH IRWIN

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

1114 Eleventh Avenue

83

84 City

Palm Beach Gardens

FL

85 Zip Code

33418

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

July 8, 98

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	FOX, BETTY J	
STREET ADDRESS	105 ADOBE CIRLCE	
CITY-ST-ZIP	JUPITER FL 33458	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	BRUN, JACK	
STREET ADDRESS	131 LAKE SUSAN DRIVE	
CITY-ST-ZIP	WEST PALM BEACH FL 33411	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	HINES, ELAINE	
STREET ADDRESS	8487 EAST GARDEN OAKS CIRCLE	
CITY-ST-ZIP	PALM BEACH GARDENS FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	HOOVEN, HERBERT	
STREET ADDRESS	1400-D VISION DR.	
CITY-ST-ZIP	PALM BEACH GARDENS F	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	IRWIN, JOSEPH	
STREET ADDRESS	1114-11TH LANE	
CITY-ST-ZIP	PALM BEACH GARDENS FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	HOROWITZ, NORMAN	
STREET ADDRESS	3593 BIRDIE DRIVE #301	
CITY-ST-ZIP	LAKE WORTH FL 33467	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Joseph Irwin	
1.3 STREET ADDRESS	1114 Eleventh Ave.	
1.4 CITY-ST-ZIP	Palm Beach Gardens, FL 33418	
2.1 TITLE	1st VP (D)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	MARILYN RAY	
2.3 STREET ADDRESS	574003 Arbor Club Way	
2.4 CITY-ST-ZIP	Boca Raton, FL 33433	
3.1 TITLE	2nd VP (D)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	BEVERLY NEFF	
3.3 STREET ADDRESS	8487 Garden Oaks Circle	
3.4 CITY-ST-ZIP	Palm Beach Gardens FL 33410	
4.1 TITLE	Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	John Gordon Coburn	
4.3 STREET ADDRESS	11905 W. 19th	
4.4 CITY-ST-ZIP	Boca Raton, FL 33468	
5.1 TITLE	Treasurer (D)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	MILAN NOBOLINER	
5.3 STREET ADDRESS	3500 S. Ocean Blvd.	
5.4 CITY-ST-ZIP	Palm Bch, FL 33480	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Milano Noboliner
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

561-547-9967

CR2E037 (5/98)