

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
 AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
 Aug 12 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 # N96000006009 (2)
 1. Corporation Name
 DEWEY KNIGHT HEALTH CENTER, INC.



Principal Place of Business: 12060 N.W. 7TH AVE, NORTH MIAMI FL 33168 US
 Mailing Address: 12060 N.W. 7TH AVENUE, NORTH MIAMI FL 33168

3. Date Incorporated or Qualified: 11/21/1996
 4. FEI Number: 65-0711638
 Applied For: Not Applicable

2. Principal Place of Business (21-24) and 2a. Mailing Address (26-29) fields for City, State, Zip, and Country.

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

9. Name and Address of Current Registered Agent: PAVLOW, SHARA T, 12060 N.W. 7TH AVENUE, NORTH MIAMI FL 33168

10. Name and Address of New Registered Agent (81-85) fields for Name, Street Address, City, State (FL), and 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

TITLE	P	<input type="checkbox"/> DELETE
NAME	MAXINE THURSTON Thurston, Maxine	
STREET ADDRESS	1175 N.E. 125TH ST, STE. 408	
CITY-ST-ZIP	N MIAMI FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	TOSCA, ARMANDO M	
STREET ADDRESS	1190 N.W. 95TH ST, STE. 100	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GIBLIN, SANDRA	
STREET ADDRESS	1100 N.W. 95TH ST	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WEAVER, EUGENIA	
STREET ADDRESS	16720 N.W. 81ST AVE	
CITY-ST-ZIP	MIAMI FL	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	ROLLE, ANTHONY E	
STREET ADDRESS	180 N.W. 129TH ST	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SCHAFMEISTA, VINCENT	
STREET ADDRESS	1100 N.W. 95TH ST	
CITY-ST-ZIP	MIAMI FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Knight Dewey W.	
1.3 STREET ADDRESS	8260 NW 156 Terrace	
1.4 CITY-ST-ZIP	Miami, FL 33067	
2.1 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Rueda MD, Jorge	
2.3 STREET ADDRESS	2453 NE 202 Street	
2.4 CITY-ST-ZIP	Miami FL 33180	
3.1 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Sorey, Arthur (Duke)	
3.3 STREET ADDRESS	1075 NW 128 Street	
3.4 CITY-ST-ZIP	North Miami FL 33168	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
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)(l), 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: *Shara T. Pavlow* (305) 688-5183
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (5/98)