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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



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

**FILED**  
**Mar 04, 1999 8:00 am**  
**Secretary of State**

03-04-1999 90006 038 \*\*\*\*70.00

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**DOCUMENT # N96000006009**

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

11/21/1996

4. FEI Number

65-0711638

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

PAVLOW, SHARA T  
12060 N.W. 7TH AVENUE  
NORTH MIAMI FL 33168

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 617.0502 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  
NAME THURSTON, MAXINE  
STREET ADDRESS 1175 N.E. 125TH ST, STE. 408  
CITY-ST-ZIP N MIAMI FL

TITLE VP  
NAME TOSCA, ARMANDO M  
STREET ADDRESS 1190 N.W. 95TH ST, STE. 100  
CITY-ST-ZIP MIAMI FL

TITLE D  
NAME GIBLIN, SANDRA  
STREET ADDRESS 1100 N.W. 95TH ST  
CITY-ST-ZIP MIAMI FL

TITLE D  
NAME WEAVER, EUGENIA  
STREET ADDRESS 16720 N.W. 81ST AVE  
CITY-ST-ZIP MIAMI FL

TITLE ST  
NAME ROLLE, ANTHONY E  
STREET ADDRESS 180 N.W. 129TH ST  
CITY-ST-ZIP MIAMI FL

TITLE D  
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 Dewey W. Knight III  
1.2 NAME 8260 NW 156 Terrace  
1.3 STREET ADDRESS Miami, FL 33067  
1.4 CITY-ST-ZIP

2.1 TITLE Jorge Rueda, MD  
2.2 NAME 15600 NW 67 Avenue  
2.3 STREET ADDRESS Miami Lakes, FL 33015  
2.4 CITY-ST-ZIP

3.1 TITLE Arthur H. Sorey, Jr.  
3.2 NAME 1975 NW 128th Street  
3.3 STREET ADDRESS North Miami, FL 33168  
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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)