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**Secretary of State**

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NONPROFIT CORPORATION ANNUAL REPORT 1999



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

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		2a. Mailing Address		3. Date Incorporated or Qualified 11/21/1996	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 65-0711638	Applied For <input type="checkbox"/> Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country		

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
PAVLOW, SHARA T 12060 N.W. 7TH AVENUE NORTH MIAMI FL 33168				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	THURSTON, MAXINE	1.2 NAME	Dewey W. Knight III
STREET ADDRESS	1175 N.E. 125TH ST, STE. 408	1.3 STREET ADDRESS	8260 NW 156 Terrace
CITY-ST-ZIP	N MIAMI FL	1.4 CITY-ST-ZIP	Miami, FL 33067
TITLE	VP	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TOSCA, ARMANDO M	2.2 NAME	Jorge Rueda, MD
STREET ADDRESS	1190 N.W. 95TH ST, STE. 100	2.3 STREET ADDRESS	15600 NW 67 Avenue
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	Miami Lakes, FL 33015
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GIBLIN, SANDRA	3.2 NAME	Arthur H. Sorely, Jr.
STREET ADDRESS	1100 N.W. 95TH ST	3.3 STREET ADDRESS	1975 NW 128th Street
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	North Miami, FL 33168
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEAVER, EUGENIA	4.2 NAME	
STREET ADDRESS	16720 N.W. 81ST AVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP	
TITLE	ST	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROLLE, ANTHONY E	5.2 NAME	
STREET ADDRESS	180 N.W. 129TH ST	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHAFMEISTA, VINCENT	6.2 NAME	
STREET ADDRESS	1100 N.W. 95TH ST	6.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	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: \_\_\_\_\_ DATE: 2/9/99 (305) 681-3504  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E037 (11/98)