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NONPROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # N97000006794

1. Corporation Name
LIFELINE COMMUNITY HEALTH CENTER INC.

Principal Place of Business	Mailing Address
13645 SW 26 STREET MIAMI FL 33175	13645 SW 26 STREET MIAMI FL 33175

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21	26	12/08/1997
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 65-0798372 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
AMERILAWYER 343 ALMERIA AVENUE CORAL GABLES FL 33134	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 _____ 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	PTD	☐ DELETE	1.1 TITLE	PSTD	☒ Change ☐ Addition
NAME	RIBAS, ARMANDO		1.2 NAME	RIBAS, ARMANDO	
STREET ADDRESS	13645 SW 26 STREET		1.3 STREET ADDRESS	13645 SW 26 Street	
CITY-ST-ZIP	MIAMI FL 33175		1.4 CITY-ST-ZIP	MIAMI FL 33175	
TITLE	VD	☒ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	RIBAS, YOLANDA		2.2 NAME		
STREET ADDRESS	13645 SW 26 STREET		2.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33175		2.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	3.1 TITLE	VD	☒ Change ☐ Addition
NAME	PASCUAL, MARIA		3.2 NAME	PASCUAL, MARIA	
STREET ADDRESS	13645 SW 26 STREET		3.3 STREET ADDRESS	13645 SW 26 Street	
CITY-ST-ZIP	MIAMI FL 33175		3.4 CITY-ST-ZIP	MIAMI, FL 33175	
TITLE	ASD	☐ DELETE	4.1 TITLE	ASD	☒ Change ☐ Addition
NAME	ROMEU, RUBEN		4.2 NAME	ROMEU, RUBEN	
STREET ADDRESS	13645 SW 26 STREET		4.3 STREET ADDRESS	13645 SW 26 Street	
CITY-ST-ZIP	MIAMI FL 33175		4.4 CITY-ST-ZIP	MIAMI, FL 33175	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (11/98)

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 REQUIRED 4/15/99 (305) 220-4545
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #