

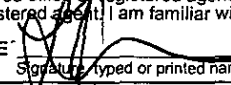
FILE NOW: FILING FEE IS \$61.25

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N98000004958 1. Corporation Name HEALTH RESOURCE CENTER FOR PALESTINE, INC.			
Principal Place of Business 1313 S MILITARY TRAIL SUITE 283 DEERFIELD BEACH, FL 33442		Mailing Address 1313 S MILITARY TRAIL SUITE 283 DEERFIELD BEACH, FL 33442	
2. Principal Place of Business 21 124 S. FEDERAL HWY Suite, Apt. #, etc. 22 # 2 City & State 23 POMPANO BEACH, FL Zip Country 24 33062 25 USA		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 30	
3. Date Incorporated or Qualified 08/26/1998		4. FEI Number 31-1631173	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent HASHIM, LAMYAA, M 123 NW 51ST COURT POMPANO BEACH, FL 33064		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 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. Thereby accept the appointment as registered agent, I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.			
SIGNATURE:  (NOTE: Registered Agent signature required when reinstating) DATE			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D-CHAIRMAN BOD <input type="checkbox"/> DELETE NAME LAMYAA HASHIM STREET ADDRESS 123 NW 51ST COURT CITY - ST - ZIP POMPANO BEACH, FL 33064		1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	
TITLE D-VICE PRESIDENT <input checked="" type="checkbox"/> DELETE NAME HESHAM TILLAWI STREET ADDRESS P.O. BOX 61415 CITY - ST - ZIP LAFAYETTE, FL 70596		2.1 TITLE <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 2.2 NAME DR. DANIEL P MCBRIDE 2.3 STREET ADDRESS 717 NE 13TH COURT, #26 2.4 CITY - ST - ZIP FT LAUDERDALE, FL 33304	
TITLE D-SECRETARY/TREASURER <input type="checkbox"/> DELETE NAME SYED-AHMAD STREET ADDRESS 631 ANDERSON CIR., #108 CITY - ST - ZIP DEERFIELD BEACH, FL 33441		3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY - ST - ZIP		4.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 4.2 NAME RAMZY BAROUD (D) 4.3 STREET ADDRESS 4512, 216 ST., SW, APT. C 4.4 CITY - ST - ZIP MOUNT LAKE TERRACE, WA 98043	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY - ST - ZIP		5.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 5.2 NAME D - SUZANNE BAROUD 5.3 STREET ADDRESS 4512, 216 ST., SW, APT. C 5.4 CITY - ST - ZIP MOUNT LAKE TERRACE, WA 98043	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY - ST - ZIP		6.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 6.2 NAME D - MAURICE KHAMIS 6.3 STREET ADDRESS 498 MULBERRY LANE, 6.4 CITY - ST - ZIP WEST HEMPSTEAD, NY 11552	

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:  SYED AHMAD 11/04/99 561-445-4774
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)

HEALTH
RESOURCE
CENTER for

PALESTINE Inc.

"...Serving the healthcare needs of Palestinians via charitable means."

Attention: Ms. Michelle Milligan
Document Processing Specialist
Florida Dept of State, Division of Corporations
P.O. Box: 6327
Tallahassee, FL 32314

Ref: Non-profit Organization - HRCP. Doc #: N98000004958

Dear Ms. Milligan,

This is in reference to our telephone conversation about HRCP's need to reflect changes in Board Members as per our initial request that we sent around Mid-December 1999. Attached is a copy of the amended Annual Report for 1999 that was sent to the Florida Dept of State - Division of Corporations. This request for returned to us because of possible delay in mail delivery and processing possibly due to the holiday season.

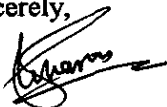
In line with our telephone conversation, I would like to request that this amended annual report be processed for the 1999 session as initially requested so that it is reflected as changes in 1999. This is important for our organization and would greatly help in smooth operation of our organization.

Please be advised that as required by the State of Florida, we have also separately mailed the new year 2000 Uniform Business Report as well reflecting the updated changes. Please note that although we have a principal place of business address - we request that all mail be sent to our mailing address. For your convenience - the mailing address is as follows:

1313 S. Military Trail, # 283
Deerfield Beach, FL 33442

If you have any specific questions, please do not hesitate to call me directly at my phone number listed below.

Sincerely,



Syed Ahmad
Secretary - HRCP Inc.
Phone: (561) 445 - 4774