FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

'95 APR 17 PM 3:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000057025 (6)**

1. Corporation Name
BETTER COMPREHENSIVE FAMILY HEALTH CENTER, INC.

Principal Place of Business	Mailing Address
17611 N.W. 11TH AVE. MIAMI FL 33169	17611 N.W. 11TH AVE. MIAMI FL 33169

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/02/1994
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 409 W. ATLANTIC AVE. DELRAY	26 409 W. ATLANTIC AVE.
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 DELRAY BCH, FL.	City & State 28 DELRAY BCH. FL.
Zip 24 33444 Country 25 USA	Zip 29 33444 Country 30 USA

4. FEI Number: 65 0512852 ☐ 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

8. *This corporation has liability for intangible tax under S. 199.032, Florida Statutes* ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

UKUEDOJOR, JANET
17611 N.W. 11TH AVE.
MIAMI FL 33169

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PVST	11 TITLE	☐ Change ☐ Addition
NAME	UKUEDOJOR, JANET	12 NAME	
STREET ADDRESS	17611 N.W. 11TH AVE.	13 STREET ADDRESS	
CITY ST ZIP	MIAMI FL 33169	14 CITY ST ZIP	
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	UKUEDOJOR, FOLAKE	22 NAME	
STREET ADDRESS	17611 N.W. 11TH AVE.	23 STREET ADDRESS	
CITY ST ZIP	MIAMI FL 33169	24 CITY ST ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	UKUEDOJOR, SHEJU JR.	32 NAME	
STREET ADDRESS	17611 N.W. 11TH AVE.	33 STREET ADDRESS	
CITY ST ZIP	MIAMI FL 33169	34 CITY ST ZIP	
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	UKUEDOJOR, ODIRI	42 NAME	
STREET ADDRESS	17611 N.W. 11TH AVE.	43 STREET ADDRESS	
CITY ST ZIP	MIAMI FL 33169	44 CITY ST ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	UKUEDOJOR, MUGBEMI	52 NAME	
STREET ADDRESS	17611 N.W. 11TH AVE.	53 STREET ADDRESS	
CITY ST ZIP	MIAMI FL 33169	54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Ukuedojor, Office Manager (Agent) 3/3/95 407-278-2977
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0450350 FF