FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE

APPROVED
AND
FILED

95 JUN 21 AM 8:52

TALLAHASSEE, FLORIDA

DOCUMENT # P94000081875 (4)

1. Corporate Name
HALLANDALE FAMILY HEALTH CENTER, INC.

Principal Place of Business:
2500 E HALLANDALE BEACH BLVD SUITE 406
HALLANDALE FL 33009

Mailing Address:
2500 E HALLANDALE BEACH BLVD SUITE 406
HALLANDALE FL 33009

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/08/1994
3a. Date of Last Report:

4. FEI Number: APPLIED FOR
☐ Applied For
☐ Not Applicable

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip
24
Country
25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip
29
Country
30

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

ZAPPI, NAOMI
2500 E HALLANDALE BEACH BLVD SUITE 406
HALLANDALE FL 33009

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	TITLE	President + Director ☐ Change ☐ Addition
NAME	ZAPPI, RAUL	NAME	
STREET ADDRESS	2500 E HALLANDALE BEACH BLVD SUITE 406	STREET ADDRESS	
CITY-ST-ZIP	HALLANDALE FL 33009	CITY-ST-ZIP	
TITLE	D	TITLE	☑ Change ☐ Addition
NAME	FEIJOO, MANUEL	NAME	delete
STREET ADDRESS	2500 E HALLANDALE BEACH BLVD SUITE 406	STREET ADDRESS	
CITY-ST-ZIP	HALLANDALE FL 33009	CITY-ST-ZIP	
TITLE	Cruz Adalid	TITLE	Vice President ☐ Change ☑ Addition
NAME	721 SE 14th Ct	NAME	
STREET ADDRESS	Ft Lauderdale Fl 33316	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	Naomi Zappi	TITLE	Secretary - Treasurer ☐ Change ☑ Addition
NAME	2500 E Hallandale Bch Blvd	NAME	
STREET ADDRESS	Hallandale Fl 33309	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: [signature] 5-8-95 (305)455-1229
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — DAYTIME PHONE #

0077178 CP