Amended

FILE NOW: FILING FEE AFTER MAY 1ST IS $550.00

PROFIT CORPORATION ANNUAL REPORT

1999

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

DOCUMENT # P96000003669

1. Corporation Name

Family Health Center, Inc.

Principal Place of Business

15-A West Canal Street N.
Belle Glade, Florida 33430

Mailing Address

"same mailing address"

2. Principal Place of Business
21 15-A West Canal Street N.
Suite, Apt. #, etc.
22 None
City & State
23 Belle Glade, Fl.
Zip
24 33430 [25] Country U.S.A.

2a. Mailing Address
26 15-A West Canal Street N.
Suite, Apt. #, etc.
27 None
City & State
28 Belle Glade, Fl.
Zip
29 33430 [30] Country U.S.A.

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 1/11/96

4. FEI Number 65-0637023 [ ] 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 owes the current year Intangible Personal Property Tax [ ] Yes [X] No

9. Name and Address of Current Registered Agent

Carlos Menendez
1127 N.W. 22 Avenue
Miami, Fl. 33125

10. Name and Address of New Registered Agent

81 Name Salomon Levin
82 Street Address (P.O. Box Number is Not Acceptable) 15-A West Canal Street N
83
84 City ~~Belle Glade~~ Belle Glade, FL [85] Zip Code 33430

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 Salomon Levin Salomon Levin, Registered Agent 5-11-99
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required if changing) DATE

12. OFFICERS AND DIRECTORS

TITLE	P D	[X] DELETE
NAME	Tony Novoa	
STREET ADDRESS	1125 NW 22 Avenue	
CITY-ST-ZIP	Miami, Fl. 33125	
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	PD	[ ] Change [X] Addition
12 NAME	Salomon Levin	
13 STREET ADDRESS	15-A West CANAL Street N.	
14 CITY-ST-ZIP	Belle Glade, Fl. 33430	
21 TITLE		[ ] Change [ ] Addition
22 NAME		
23 STREET ADDRESS		
24 CITY-ST-ZIP		
31 TITLE		[ ] Change [ ] Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE		[ ] Change [ ] Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		[ ] Change [ ] Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		[ ] Change [ ] Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

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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 607, 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: Salomon Levin Salomon Levin Pres Dir 5-11-99 (561)992-8875