

PROFIT
CORPORATION
ANNUAL REPORT

1999



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

DOCUMENT # P96000015727 (6)

1. Corporation Name

OAKLAND COMMUNITY HEALTH CENTER INC.

Principal Place of Business

3623 N. ANDREWS AVENUE
SUITE A
OAKLAND FL

Mailing Address

3623 N. ANDREWS AVENUE
SUITE A
OAKLAND FL

FILED

99 AUG 12 PM 1:17



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/16/1996

4. FEI Number

65-0646874

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fees Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 6299 W. Sunrise Blvd.

Suite, Apt. #, etc.

22 112

City & State

23 Sunrise, Florida

Zip

24 33313

Country

25 USA

2a. Mailing Address

26 6299 W. Sunrise Blvd.

Suite, Apt. #, etc.

27 112

City & State

28 Sunrise Florida

Zip

29 33313

Country

30 USA

9. Name and Address of Current Registered Agent

GRAVES, BERNARD
3623 N. ANDREWS AVENUE
SUITE A
OAKLAND FL

10. Name and Address of New Registered Agent

81 Name Bernard Graves

82 Street Address (P.O. Box Number is Not Acceptable)

6299 West Sunrise Blvd.

83 Suite 112

84 City Sunrise

FL

85 Zip Code 33313

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

Signature, typed or printed name of registered agent and the applicable

NOTE: Registered Agent signature required when reinstating

DATE

12. OFFICERS AND DIRECTORS

TITLE P
NAME GRAVES, BERNARD
STREET ADDRESS 5440 NW 12TH ST
CITY-ST-ZIP LAUDERHILL F; 33313

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

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4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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.

SIGNATURE:

Bernard Graves
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/10/99
Date

0533415

OAKLAND COMMUNITY HEALTH CENTER

6299 W. Sunrise Blvd., Ste. 112
Sunrise, FL 33313
PH. 954-321-9777
FAX 954-321-9747

August 9, 1999

Division of Corporation
P.O.B. 6327
Tallahassee, FL. 32314

Re: Corporation Annual Filing Report

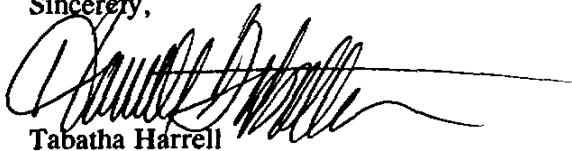
To Whom It May Concern:

The reason that we have not filed our Corporation Annual Report was due to not receiving the first or second notice as a result of a business relocation. We were just recently informed to take a previous form and make the necessary adjustments.

In the past we have filed in a timely manner, however, as previously stated above, we never received notice.

Sorry for any inconvenience that this may have caused.

Sincerely,



Tabatha Harrell

OAKLAND COMMUNITY HEALTH CENTER

3823 N. ANDREWS AVE.
OAKLAND PARK, FL 33309
954-564-7773

1975

PAY TO THE
ORDER OF

The Department of State
One hundred and fifty

NationsBank
NationsBank of Florida

Annual Report 1998 - Corporation

Germany

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8-10-99

If you check on
our Company we
have always been
on time when
it came to filing
Please Accept. This thank
You

4/27/98

15000

COPY

DO NOT DETACH THIS STUB

DO NOT WRITE OR MAKE ANY MARKS ON THIS STUB
1998 ANNUAL REPORT

0530415

Date Due: 05/01/98

Amount Due: \$150.00

Amount Due After 05/01/98: \$550.00

P96000015727 (6)

OAKLAND COMMUNITY HEALTH CENTER INC.

269600001572761500031587585

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

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27 City & State

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28 Zip Country

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SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Bernard Graves

4/27/98

053415

CR2E034 (10/97)