

DOCUMENT # 700442

1. Entity Name

DOCTORS HOSPITAL FOUNDATION, INC.

FILED
Mar 24, 2000 8:00 am
Secretary of State

03-24-2000 90063 003 ****61.25



DO NOT WRITE IN THIS SPACE

| | |
|---|--|
| Principal Place of Business 6700 TROPICAL WAY PLANTATION FL 33317 | Mailing Address 6700 TROPICAL WAY PLANTATION FL 33317-3315 |
|---|--|

| | |
|---|---|
| 2. Principal Place of Business Suite, Apt. #, etc. | 3. Mailing Address Suite, Apt. #, etc. |
|---|---|

| | | | |
|--------------|--------------|------------------------------------|--|
| City & State | City & State | 4. FEI Number 59-0906961 | Applied For <input type="checkbox"/> Not Applicable |
| Zip | Country | Zip | Country |

| | |
|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
|---|---------------------------------------|

6. Name and Address of Current Registered Agent

DEGANCE, JOSEPH ESQUIRE
3471 N. FEDERAL HWY
SUITE 601
FT. LAUDERDALE FL 33306

7. Name and Address of New Registered Agent

Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 City _____ **FL** Zip Code _____

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

| | | |
|--|---|---------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD GROSS, DONALD L 6700 TROPICAL WAY PLANTATION FL | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DC PERRAUD, ROBERT 7060 NW 4 PLACE PLANTATION FL | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DST NEER, HOWARD 5840 SW 8 ST PLANTATION FL | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|--|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | 77 S. Birch Rd - APT 4 D FT. LAUDERDALE, FL 33316 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Donald L. Gross* **PD DONALD L. GROSS** 3/21/00 (954) 791-9999
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)