

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 12, 2001 8:00 am
Secretary of State

01-12-2001 90024 035 ****61.25

801060



DO NOT WRITE IN THIS SPACE

DOCUMENT # 700442

1. Entity Name

DOCTORS HOSPITAL FOUNDATION, INC.

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

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

City & State	City & State
Zip	Country

4. FEI Number	Applied For
59-0906961	Not Applicable
5. Certificate of Status Desired	\$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 _____ (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
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10. OFFICERS AND DIRECTORS

TITLE	PD	☐ Delete
NAME	GROSS, DONALD L	
STREET ADDRESS	6700 TROPICAL WAY	
CITY-ST-ZIP	PLANTATION FL	
TITLE	DC	☐ Delete
NAME	PERRAUD, ROBERT	
STREET ADDRESS	77 S BIRCH RD APT 4D	
CITY-ST-ZIP	FORT LAUDERDALE FL 33316	
TITLE	DST	☐ Delete
NAME	NEER, HOWARD	
STREET ADDRESS	5840 SW 8 ST	
CITY-ST-ZIP	PLANTATION FL	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: **DO NOT SIGN HERE** **REQUIRE** **D.L. GROSS** **1/8/01** **954 791 9999**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone

CR2E037 (10/00)