

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 700442

FILED
Jan 09, 2006
Secretary of State

Entity Name: DOCTORS HOSPITAL FOUNDATION, INC.

Current Principal Place of Business:

6700 E TROPICAL WAY
PLANTATION, FL 33317

New Principal Place of Business:

Current Mailing Address:

6700 E TROPICAL WAY
PLANTATION, FL 33317

New Mailing Address:

FEI Number: 59-0906961

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: GROSS, DONALD L.
Address: 6700 E TROPICAL WAY
City-St-Zip: PLANTATION, FL

Title: DC () Delete
Name: PERRAUD, ROBERT,
Address: 2541 SW 50TH BLVD
City-St-Zip: GAINESVILLE, FL 32608

Title: DST () Delete
Name: NEER, HOWARD,
Address: 5840 SW 8 ST
City-St-Zip: PLANTATION, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DONALD L. GROSS

PD

01/09/2006

Electronic Signature of Signing Officer or Director

Date