

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 700442

FILED  
Jan 03, 2012  
Secretary of State

**Entity Name:** DOCTORS HOSPITAL FOUNDATION, INC.

**Current Principal Place of Business:**

6700 E TROPICAL WAY  
PLANTATION, FL 33317 US

**New Principal Place of Business:**

**Current Mailing Address:**

6700 E TROPICAL WAY  
PLANTATION, FL 33317 US

**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:**

GROSS, DONALD L PRES.  
6700 E. TROPICAL WAY  
PLANTATION, FL 33317 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  
Name: GROSS, DONALD L TRUSTEE  
Address: 6700 E TROPICAL WAY  
City-St-Zip: PLANTATION, FL 33317 US

Title: D  
Name: KRAYER, ANTHONY TRUSTEE  
Address: 6051 N. OCEAN DR 1405  
City-St-Zip: HOLLYWOOD, FL 33019 US

Title: C  
Name: NEER, HOWARD L TRUSTEE  
Address: 5840 SW 8 ST  
City-St-Zip: PLANTATION, FL 33317 US

I hereby 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 all other like empowered.

SIGNATURE: DONALD GROSS

PRES

01/03/2012

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date