

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 17 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 707629 (2)**

1. Corporation Name  
**SOUTH FLORIDA HOSPITAL AND HEALTHCARE ASSOCIATION, INC.**



Principal Place of Business <b>8181 MIAMI LAKES DR W STE 200 MIAMI LAKES FL 33016-5817 US</b>	Mailing Address <b>8181 MIAMI LAKES DR W STE 200 MIAMI LAKES FL 33016-5817 US</b>
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3. Date Incorporated or Qualified  
**07/23/1964**

4. FEI Number  
**59-0979494**

Applied For	<input type="checkbox"/>
Not Applicable	<input checked="" type="checkbox"/>

21. Principal Place of Business <b>6363 Taft Street</b>	2a. Mailing Address <b>6363 Taft Street</b>
22. Suite, Apt. #, etc. <b>Suite 200</b>	26. Suite, Apt. #, etc. <b>Suite 200</b>
23. City & State <b>Hollywood, FL</b>	27. City & State <b>Hollywood, FL</b>
24. Zip <b>33024</b>	28. Zip <b>33024</b>
25. Country	29. Country

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

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

7. Is this nonprofit corporation a homeowners association?  Yes  No

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

9. Name and Address of Current Registered Agent

**QUICK, LINDA S**  
~~8181 MIAMI LAKES DR~~ **6363 Taft Street**  
**SUITE 200**  
~~MIAMI LAKES FL 33016~~ **Hollywood, FL 33024**

10. Name and Address of New Registered Agent

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	<b>6363 Taft Street, # 200</b>
84. City	<b>Hollywood</b>
85. Zip Code	<b>FL 33024</b>

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>P</b>	<input type="checkbox"/> DELETE
NAME	<b>QUICK, LINDA S</b>	
STREET ADDRESS	<b>8181 MIAMI LAKES DR W</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
TITLE	<b>PD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>URLICH, SYLVIA</b>	
STREET ADDRESS	<b>2500 SW 75 AVE.</b>	
CITY-ST-ZIP	<b>MIAMI FL 33155</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>BAUER, CLIFFORD</b>	
STREET ADDRESS	<b>5959 NW 7TH ST.</b>	
CITY-ST-ZIP	<b>MIAMI FL 33126</b>	
TITLE	<b>TD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>CALDERIN, CAROLINA</b>	
STREET ADDRESS	<b>5959 NW 7TH ST.</b>	
CITY-ST-ZIP	<b>MIAMI FL 33126</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>RANSELL, LEWIS</b>	
STREET ADDRESS	<b>1516 EAST LAS DAS BLVD</b>	
CITY-ST-ZIP	<b>FT LAUDERDALE FL 33301</b>	
TITLE	<b>TD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>DENARVAEZD, DENNY</b>	
STREET ADDRESS	<b>5000 W OAKLAND PK BLVD.</b>	
CITY-ST-ZIP	<b>FT. LAUDERDALE FL 33313</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	<b>6363 Taft Street, #200</b>
1.4 CITY-ST-ZIP	<b>Hollywood, FL 33024</b>
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>Chairman Greg Boyer</b>
2.3 STREET ADDRESS	<b>1010 Forest Hill Blvd.</b>
2.4 CITY-ST-ZIP	<b>West Palm Beach, FL 33414</b>
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>Secretary Heather Rohan</b>
3.3 STREET ADDRESS	<b>20900 Sycamore Blvd.</b>
3.4 CITY-ST-ZIP	<b>Aventura, FL 33180</b>
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>Treasurer Stephen Antz</b>
4.3 STREET ADDRESS	<b>140 NW 170th Street</b>
4.4 CITY-ST-ZIP	<b>North Miami Beach, FL 33169</b>
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	<b>Chair-Elect Lewis Ransdell</b>
5.3 STREET ADDRESS	<b>1516 East Las Blvd.</b>
5.4 CITY-ST-ZIP	<b>ft. lauderdale, FL 33301</b>
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Linda Quick* 2/10/98 (954)964-1660

CFR2E037 (10/97)