

FILE NOW: FILING FEE IS \$61.25

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Feb 17 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham 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 8181 MIAMI LAKES DR W STE 200 MIAMI LAKES FL 33016-5817 US	Mailing Address 8181 MIAMI LAKES DR W STE 200 MIAMI LAKES FL 33016-5817 US
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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 6363 Taft Street	2a. Mailing Address 6363 Taft Street
22. Suite, Apt. #, etc. Suite 200	26. Suite, Apt. #, etc. Suite 200
23. City & State Hollywood, FL	27. City & State Hollywood, FL
24. Zip 33024	28. Zip 33024
25. Country US	29. Country US

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	6363 Taft Street, # 200
84. City	Hollywood
85. Zip Code	FL 33024

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

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	6363 Taft Street, #200
1.4 CITY-ST-ZIP	Hollywood, FL 33024
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Chairman Greg Boyer
2.3 STREET ADDRESS	1010 Forest Hill Blvd.
2.4 CITY-ST-ZIP	West Palm Beach, FL 33414
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Secretary Heather Rohan
3.3 STREET ADDRESS	20900 Sycamore Blvd.
3.4 CITY-ST-ZIP	Aventura, FL 33180
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Treasurer Stephen Antz
4.3 STREET ADDRESS	140 NW 170th Street
4.4 CITY-ST-ZIP	North Miami Beach, FL 33169
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Chair-Elect Lewis Ransdell
5.3 STREET ADDRESS	1516 W Las Olas Blvd.
5.4 CITY-ST-ZIP	ft. lauderdale, FL 33301
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)