


FILED
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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 707629

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

Principal Place of Business 6363 TAFT STREET SUITE 200 HOLLYWOOD FL 33024 US	Mailing Address 63630 TAFT STREET SUITE 200 HOLLYWOOD FL 33024 US
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country	3. Date Incorporated or Qualified 07/23/1964	4. FEI Number 59-0979494 Applied For Not Applicable
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST.-ZIP	P-D QUICK, LINDA S 6363 TAFT STREET, #200 HOLLYWOOD FL 33024	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST.-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST.-ZIP	DC BOYER, GREG 10101 FOREST HILL BLVD. WEST PALM BEACH FL 33414	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST.-ZIP	Immediate Past Chair <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST.-ZIP	S-D ROHAN, HEATHER 20900 BISCAYNE BLVD. AVENTURA FL 33180	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST.-ZIP	Secretary - Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Phillip Dutcher 1300 North Flagler Drive West Palm Beach, FL 33402
TITLE NAME STREET ADDRESS CITY-ST.-ZIP	T PATZ, STEPHEN 160 NW 170TH STREET N. MIAMI BEACH FL 33169	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST.-ZIP	Treasurer - Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition DAVID STANSBERRY 1400 NW 10th Ave, #604 MIAMI, FL 33136
TITLE NAME STREET ADDRESS CITY-ST.-ZIP	D RANDELL, LEWIS 1516 EAST LAS DAS BLVD FT LAUDERDALE FL 33301	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST.-ZIP	Chairman - Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST.-ZIP	CE RANDELL, LEWIS 1516 LAS OLAS BLVD. FT. LAUDERDALE FL 33301	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST.-ZIP	Chair Elect - Director <input type="checkbox"/> Change <input type="checkbox"/> Addition DAVID CARBONE 20900 Biscayne Blvd. Aventura, FL 33180

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, with all other like empowered.

SIGNATURE: Linda S. Quick **REQUIRED** Date: 3/4/99 Office Phone #: (954) 964-1660

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