

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 07, 2000 8:00 am
Secretary of State

09-07-2000 90059 022 ****61.25


DOCUMENT # 707629

1. Entity Name
SOUTH FLORIDA HOSPITAL AND HEALTHCARE ASSOCIATIO

Principal Place of Business Mailing Address
 6363 TAFT STREET 63630 TAFT STREET
 SUITE 200 SUITE 200
 HOLLYWOOD FL 33024 HOLLYWOOD FL 33024
 US US

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
 Zip Country Zip Country

REGISTERED



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-0979494** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
QUICK, LINDA S
6363 TAFT STREET
SUITE 200
HOLLYWOOD FL 33024

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

8. 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: *Linda Quick* DATE: *9/8/2000*
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25
After September 13, 2000 min. will be \$236.25

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

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME	P QUICK, LINDA S	<input type="checkbox"/> Delete
STREET ADDRESS	6363 TAFT STREET, #200	
CITY-ST-ZIP	HOLLYWOOD FL 33024	
TITLE NAME	RP BOYER, GREG	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	10101 FOREST HILL BLVD.	
CITY-ST-ZIP	WEST PALM BEACH FL 33414	
TITLE NAME	SD DUTCHER, PHILLIP	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	1300 NORTH FLAGLER DRIVE	
CITY-ST-ZIP	WEST PALM BEACH FL 33402	
TITLE NAME	TD STANSBERRY, DAVID	<input type="checkbox"/> Delete
STREET ADDRESS	1400 NW 10TH AVENUE, #604	
CITY-ST-ZIP	MIAMI FL 33136	
TITLE NAME	CD RANDELL, LEWIS	<input type="checkbox"/> Delete
STREET ADDRESS	1516 EAST LAS DAS BLVD	
CITY-ST-ZIP	FT LAUDERDALE FL 33301	
TITLE NAME	CED CARBONE, DAVID	<input type="checkbox"/> Delete
STREET ADDRESS	209009 BISCAYNE BLVD	
CITY-ST-ZIP	AVENTURA FL 33180	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME	SD Robinson Phillip	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	530 South Congress Ave	
CITY-ST-ZIP	Atlantis, FL 33402	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME	Chair-Elect messing, Fred	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	6855 Red Road, 6th floor	
CITY-ST-ZIP	CORAL GABLES, FL 33143	

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Linda Quick* DATE: *9/8/2000* Daytime Phone #: *(954) 964-1660*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (5/00)