

2002 UNIFORM BUSINESS REPORT (UBR)

08-12-2002 90009 047 *****61.25
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

DOCUMENT # 707629

1. Entity Name

SOUTH FLORIDA HOSPITAL AND HEALTHCARE ASSOCIATION, INC.

Principal Place of Business

Mailing Address

6363 TAFT STREET
SUITE 200
HOLLYWOOD FL 33024
US

63630 TAFT STREET
SUITE 200
HOLLYWOOD FL 33024
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-0979494

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

QUICK, LINDA S
6363 TAFT STREET
SUITE 200
HOLLYWOOD FL 33024

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

After September 13, 2002,
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE P Delete
NAME QUICK, LINDA S
STREET ADDRESS 6363 TAFT STREET, #200
CITY-ST-ZIP HOLLYWOOD FL 33024

TITLE CHAIRMAN Change Addition
NAME Phillip Robinson
STREET ADDRESS 5301 S. CONGRESS AVENUE
CITY-ST-ZIP ATLANTIS, FL 33462

TITLE C Delete
NAME MESSING, FRED
STREET ADDRESS 6855 RED ROAD, 6TH FLOOR
CITY-ST-ZIP CORAL GABLES FL 33143

TITLE Director Change Addition
NAME Joel Berenford
STREET ADDRESS 5000 WEST OAKLAND PARK BLVD.
CITY-ST-ZIP FT. LAUDERDALE, FL 33313

TITLE D Delete
NAME BAUER, CLIFF
STREET ADDRESS 5757 NORTH DIXIE HIGHWAY
CITY-ST-ZIP FORT LAUDERDALE FL 33334

TITLE Secretary Change Addition
NAME Patricia Greenborg
STREET ADDRESS 999 PONCE DE LEON BLVD., #950
CITY-ST-ZIP CORAL GABLES, FL 33134

TITLE TD Delete
NAME STANSBERRY, DAVID
STREET ADDRESS 1400 NW 10TH AVENUE, #604
CITY-ST-ZIP MIAMI FL 33136

TITLE Immediate Past Chairman Change Addition
NAME Fred Messing
STREET ADDRESS 6855 Red Road, 6th Floor
CITY-ST-ZIP CORAL GABLES, FL 33143

TITLE CD Delete
NAME RANSELL, LEWIS
STREET ADDRESS 1516 EAST LAS DAS BLVD
CITY-ST-ZIP FT LAUDERDALE FL 33301

TITLE Director Change Addition
NAME Steven Szwarczewich
STREET ADDRESS 4300 ALTON ROAD
CITY-ST-ZIP MIAMI BEACH, FL 33140

TITLE IPC Delete
NAME CARBONE, DAVID
STREET ADDRESS 20900 BISCAYNE BLVD
CITY-ST-ZIP AVENTURA FL 33180

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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.

CR2E037 (4/02)