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Apr 08 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Matham - Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 755952 (9)

1. Corporation Name
MEMORIAL FOUNDATION, INC.



Principal Place of Business 3700 JOHNSON ST HOLLYWOOD FL 33021-5421	Mailing Address 3700 JOHNSON ST HOLLYWOOD FL 33021-6031
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3. Date Incorporated or Qualified 01/16/1981	3a. Date of Last Report 04/11/1996
4. FEI Number 59-2082218	Applied For <input type="checkbox"/> Not Applicable
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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

9. Name and Address of Current Registered Agent

**COHEN, MARY LYNN
3700 JOHNSON STREET
HOLLYWOOD FL 33021**

10. Name and Address of New Registered Agent

81 Name: Joseph Reilly

82 Street Address (P.O. Box Number is Not Acceptable): 3700 Johnson Street

83

84 City: Hollywood FL 85 Zip Code: 33021

11. Pursuant to the provisions of Sections 617.07(2) 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 *Joseph Reilly*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent; signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		DELETED
TITLE	TR	<input type="checkbox"/> DELETE
NAME	SAYFIE, ERNEST G	
STREET ADDRESS	1117 E. HALLANDALE BEACH BLVD.	
CITY-ST-ZIP	HALLANDALE FL 33009	
TITLE	TR	<input type="checkbox"/> DELETE
NAME	LIVINGSTON, PETER MD	
STREET ADDRESS	3501 JOHNSON ST.	
CITY-ST-ZIP	HOLLYWOOD FL 33021	
TITLE	TR	<input type="checkbox"/> DELETE
NAME	NOLAN, MILDRED	
STREET ADDRESS	4700 SHERIDAN ST. #J	
CITY-ST-ZIP	HOLLYWOOD FL 33021	
TITLE	STR	<input type="checkbox"/> DELETE
NAME	MASI, NICK MD	
STREET ADDRESS	2401 LAGUNA DR.	
CITY-ST-ZIP	FT. LAUDERDALE FL 33316	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE	TR	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1.2 NAME	Chairman Ernest G sayfie, MD		
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE	TR	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.2 NAME	Vice Chairman		
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE	TR	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3.2 NAME	Treasurer		
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE	TR	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4.2 NAME	Secretary Nick masi, PhD		
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

14. I do 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.

CR2E037 (9/96)