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Apr 13 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

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 33021-5421

3. Date Incorporated or Qualified: 01/16/1981  
4. FEI Number: 59-2082218  
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

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields for Suite, Apt. #, City & State, Zip, and Country.

9. Name and Address of Current Registered Agent  
REILLY, JOSEPH  
3700 JOHNSON STREET  
HOLLYWOOD FL 33021

10. Name and Address of New Registered Agent  
81 Name: Doris K. Sipos  
82 Street Address (P.O. Box Number is Not Acceptable): 3700 Johnson Street  
84 City: Hollywood FL 85 Zip Code: 33021

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: *Doris K. Sipos* DATE: 4/6/98

12. OFFICERS AND DIRECTORS

TITLE	TRC	<input type="checkbox"/> DELETE
NAME	SAYFIE, ERNEST G M.D.	
STREET ADDRESS	1117 E. HALLANDALE BEACH BLVD.	
CITY-ST-ZIP	HALLANDALE FL	
TITLE	TRVC	<input type="checkbox"/> DELETE
NAME	LIVINGSTON, PETER MD	
STREET ADDRESS	3501 JOHNSON ST.	
CITY-ST-ZIP	HOLLYWOOD FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	NOLAN, MILDRED	
STREET ADDRESS	4700 SHERIDAN ST. #J	
CITY-ST-ZIP	HOLLYWOOD FL	
TITLE	TS	<input type="checkbox"/> DELETE
NAME	MASI, NICK P	
STREET ADDRESS	2401 LAGUNA DR.	
CITY-ST-ZIP	FT. LAUDERDALE FL	
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

1.1 TITLE	CD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Peter A. Livingston, MD	
1.3 STREET ADDRESS	3501 Johnson Street	
1.4 CITY-ST-ZIP	Hollywood, FL 33021	
2.1 TITLE	VCD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Wendy Masi, PhD	
2.3 STREET ADDRESS	2401 Laguna Drive	
2.4 CITY-ST-ZIP	Fort Lauderdale, FL 33316	
3.1 TITLE	VCD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Herbert E. Brizel, MD	
3.3 STREET ADDRESS	3501 Johnson Street	
3.4 CITY-ST-ZIP	Hollywood, FL 33021	
4.1 TITLE	S/T/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Carl Schuster, Esq.	
4.3 STREET ADDRESS	200 E. Broward Boulevard	
4.4 CITY-ST-ZIP	Fort Lauderdale, FL 33301	
5.1 TITLE	MD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Doris K. Sipos	
5.3 STREET ADDRESS	3700 Johnson Street	
5.4 CITY-ST-ZIP	Hollywood, FL 33021	
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: *Doris K. Sipos* DATE: 4/6/98

CR2E037 (10/97)