

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

FILED
Apr 08 1996 8:00 am
Secretary of State

DOCUMENT # **N17410 (4)**

1. Corporation Name
SOUTH FLORIDA HOSPITAL RESEARCH AND EDUCATION FOUNDATION, INC.



Principal Place of Business: **8181 MIAMI LAKES DR. STE 200 (NW 154 ST.), STE 200 MIAMI LAKES FL 33016-5817 US**
Mailing Address: **8181 MIAMI LAKES DR. STE 200 MIAMI LAKES FL 33016-5817 US**

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

3. Date Incorporated or Qualified: **10/20/1986**
3a. Date of Last Report: **03/13/1995**
4. FEI Number: **59-2732250**
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
**QUICK, LINDA S.
8181 MIAMI LAKES DRIVE, W
SUITE 200
MIAMI LAKES FL 33016-5817**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD QUICK, LINDA S.	1.1 TITLE	
NAME	8181 MIAMI LAKES DRIVE, W	1.2 NAME	
STREET ADDRESS	MIAMI LAKES FL	1.3 STREET ADDRESS	
CITY - ST - ZIP		1.4 CITY - ST - ZIP	
TITLE	D ALEMAN, RALPH A.	2.1 TITLE	TD DENARUAZ DENNY
NAME	1400 NW 12TH AVE.	2.2 NAME	5000 W. OAKLAND PARK BLVD
STREET ADDRESS	MIAMI FL	2.3 STREET ADDRESS	FT. LAUDERDALE, FL 33313
CITY - ST - ZIP		2.4 CITY - ST - ZIP	
TITLE	TD CALDERIN, CAROLINA	3.1 TITLE	CD
NAME	5959 NW 7TH ST	3.2 NAME	
STREET ADDRESS	MIAMI FL	3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE	CP FRIEDGWALD, DON E.	4.1 TITLE	DP BAUER CLIFFORD
NAME	1100 NW 95TH AVE.	4.2 NAME	651 E. 25TH STREET
STREET ADDRESS	MAIMI FL	4.3 STREET ADDRESS	HALTOM, FL 33013
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	SD LERNER, HOLLY	5.1 TITLE	
NAME	3800 WASHINGTON ST	5.2 NAME	
STREET ADDRESS	HOLLYWOOD FL	5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	000001773220
NAME		6.2 NAME	-04/09/96--01033--003
STREET ADDRESS		6.3 STREET ADDRESS	***61.25
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Linda S. Quick* 1/22/96 (305) 825-4007
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)