

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 17 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29
25	30

3. Date Incorporated or Qualified 10/20/1986	
4. FEI Number 59-2732250	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
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> 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	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

TITLE	PD	<input type="checkbox"/> DELETE
NAME	QUICK, LINDA S.	
STREET ADDRESS	8181 MIAMI LAKES DRIVE, W	
CITY-ST-ZIP	MIAMI LAKES FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	DENARAUZ, DENNY	
STREET ADDRESS	5000 W. OAKLAND PARK BLVD	
CITY-ST-ZIP	FT LAUDERDALE FL 33313	
TITLE	CD	<input type="checkbox"/> DELETE
NAME	CALDERIN, CAROLINA	
STREET ADDRESS	5958 NW 7TH ST	
CITY-ST-ZIP	MIAMI FL	
TITLE	DP	<input type="checkbox"/> DELETE
NAME	BAUER, CLIFFORD	
STREET ADDRESS	651 E 25TH STREET	
CITY-ST-ZIP	HIALEAH FL 33013	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	RANSELL, LEWIS	
STREET ADDRESS	1516 E LAS OLAS BLVD	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Greg Bayer /Chair	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	10101 Forest Hill Blvd.	
1.3 STREET ADDRESS	West Palm Beach 33414	
1.4 CITY-ST-ZIP		
2.1 TITLE	Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Stephen Patz	
2.3 STREET ADDRESS	160 NW 170th Street	
2.4 CITY-ST-ZIP	North Miami Beach, FL 33165	
3.1 TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Heather Rohan	
3.3 STREET ADDRESS	20900 Biscayne Blvd	
3.4 CITY-ST-ZIP	AVENUE, FL 33180	
4.1 TITLE	Chair Elect	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Mewis Ransdell	
4.3 STREET ADDRESS	1516 Las Olas Blvd.	
4.4 CITY-ST-ZIP	Fort Lauderdale, FL 33301	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
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: *Linda Quick* 2/10/98 (954) 964-1660

CP2E037 (10/97)