


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2004 8:00 am
Secretary of State

04-21-2004 90036 035 ****61.25

DOCUMENT # N21265					
1. Entity Name HEALTH FOUNDATION OF SOUTH FLORIDA, INC.					
Principal Place of Business 601 BRICKELL KEY DR. STE. 901 MIAMI, FL 33131 US			Mailing Address 601 BRICKELL KEY D R. STE. 901 MIAMI, FL 33131 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		03232004 Chg-NP CR2E037 (10/03)	
Zip		Country		4. FEI Number 65-0003584	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
ADAMS, RICHARD B JR ADAMS & ADAMS 66 W, FLAGLER STREET, 5TH FLOOR MIAMI, FL 33130			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 <i>Richard B Adams</i>		(NOTE: Registered Agent signature required when reinstating)		DATE 3/23/04	
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SHELDON D DAGEN	NAME			
STREET ADDRESS	601 BRICKELL KEY DR., #901	STREET ADDRESS			
CITY-ST-ZIP	MIAMI, FL 33131	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	C <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ADAMS, RICHARD B	NAME	Adams, Richard B		
STREET ADDRESS	601 BRICKELL KEY DR., #901	STREET ADDRESS	601 Brickell Key Dr., #901		
CITY-ST-ZIP	MIAMI, FL 33131	CITY-ST-ZIP	Miami, FL 33131		
TITLE	C <input type="checkbox"/> Delete	TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	GROSSMAN, PHILIP MD	NAME	Grossman, Philip MD		
STREET ADDRESS	601 BRICKELL KEY DR., #901	STREET ADDRESS	601 Brickell Key Dr. #901		
CITY-ST-ZIP	MIAMI, FL 33131	CITY-ST-ZIP	Miami, FL 33131		
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	KELLEY, SUSAN	NAME			
STREET ADDRESS	601 BRICKELL KEY DRI 3 901	STREET ADDRESS			
CITY-ST-ZIP	MIAMI, FL 33131	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ECKHART, JAMES M	NAME			
STREET ADDRESS	601 BRICKELL KEY DR., 901	STREET ADDRESS			
CITY-ST-ZIP	MIAMI, FL 33131	CITY-ST-ZIP			
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	PEREZ, ALBERT	NAME	Gilmore, Karen		
STREET ADDRESS	601 BRICKELL KEY DR., #901	STREET ADDRESS	601 Brickell Key Drive, #901		
CITY-ST-ZIP	MIAMI, FL 33131	CITY-ST-ZIP	Miami, FL 33131		
12. 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 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.					
SIGNATURE: <i>E. W. Adams</i>		Date: April 15, 2004		Daytime Phone #	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					