


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 23, 2007 8:00 am**  
**Secretary of State**

03-23-2007 90017 046 \*\*\*\*61.25

<b>DOCUMENT # N21265</b>	
1. Entity Name HEALTH FOUNDATION OF SOUTH FLORIDA, INC.	

Principal Place of Business 2 SOUTH BISCATNE BLVD SUITE 1710 MIAMI, FL 33131 US	Mailing Address 2 SOUTH BISCATNE BLVD SUITE 1710 MIAMI, FL 33131 US
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2. Principal Place of Business - No P.O. Box # 2 South Biscayne Blvd.	3. Mailing Address 2 South Biscayne Blvd
Suite, Apt. #, etc. Suite 1710	Suite, Apt. #, etc. Suite 1710
City & State Miami FL	City & State Miami FL
Zip 33131	Country US



03132007 Chg-NP CR2E037 (12/06)

4. FEI Number 65-0005384	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

<b>6. Name and Address of Current Registered Agent</b>	<b>7. Name and Address of New Registered Agent</b>
ADAMS, RICHARD B JR ADAMS & ADAMS 155 S. MIAMI AVENUE, 9TH 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

<b>Filing Fee is \$61.25 Due by May 1, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	<b>Make check payable to Florida Department of State</b>
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<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C DAGEN, SHELDON D 2 S. BISCAYNE BLVD., SUITE 1710 MIAMI, FL 33131 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ADAMS, RICHARD B 2 S. BISCAYNE BLVD., SUITE 1710 MIAMI, FL 33131 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GROSSMAN, PHILIP MD 2 S. BISCAYNE BLVD. SUITE 1710 MIAMI, FL 33131 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KELLEY, SUSAN 2 S. BISCAYNE BLVD., SUITW 1710 MIAMI, FL 33131 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ECKHART, JAMES M 2 S. BISCAYNE BLVD., SUITE 1710 MIAMI, FL 33131 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GILMORE, KAREN 2 S. BISCAYNE BLVD., SUITE 1710 MIAMI, FL 33131 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:**  **3/20/07**  
Signature and Typed or Printed Name of Signing Officer or Director Date Daytime Phone #

ATTACHMENT  
40040329

**DOCUMENT # N21265**

**HEALTH FOUNDATION OF SOUTH FLORIDA**

**BOX 10 - OFFICERS AND DIRECTORS (CON'T)**

Title	D	Addition
Name	Bastien, Marleine	
Street Address	2 South Biscayne Blvd, Ste. #1710	
City, St, Zip	Miami, Fl 33131	
Title	D	Addition
Name	Finkle, Arthur A.	
Street Address	2 South Biscayne Blvd, Ste. #1710	
City, St, Zip	Miami, Fl 33131	
Title	D	Addition
Name	Grossman, Divina	
Street Address	2 South Biscayne Blvd, Ste. #1710	
City, St, Zip	Miami, Fl 33131	
Title	D	Addition
Name	Hedgepeth, Quinton L.	
Street Address	2 South Biscayne Blvd, Ste. #1710	
City, St, Zip	Miami, Fl 33131	
Title	D	Addition
Name	Pasalodos, Omar	
Street Address	2 South Biscayne Blvd, Ste. #1710	
City, St, Zip	Miami, Fl 33131	
Title	D	Addition
Name	Worton, Stanley	
Street Address	2 South Biscayne Blvd, Ste. #1710	
City, St, Zip	Miami, Fl 33131	
Title	D	Addition
Name	Hood, Charles M.	
Street Address	2 South Biscayne Blvd, Ste. #1710	
City, St, Zip	Miami, Fl 33131	
Title	P	Addition
Name	Marcus, Steven E.	
Street Address	2 South Biscayne Blvd, Ste. #1710	
City, St, Zip	Miami, Fl 33131	