


**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 21, 2003 8:00 am**  
**Secretary of State**

04-21-2003 91059 007 \*\*\*\*61.25

**DOCUMENT # N21265**

1. Entity Name  
**HEALTH FOUNDATION OF SOUTH FLORIDA, INC.**



Principal Place of Business      Mailing Address

**601 BRICKELL KEY DR.  
STE. 901  
MIAMI FL 33131  
US**

**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

Zip      Country      Zip      Country

4. FEI Number **65-0003584**      Applied For  
Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**



CHECK HERE IF MAKING CHANGES

**6. Name and Address of Current Registered Agent**

**ADAMS, RICHARD B JR  
ADAMS & ADAMS  
66 W, FLAGLER STREET, 5TH FLOOR  
MIAMI FL 33130**

**7. Name and Address of New Registered Agent**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

**Make Check Payable to Florida Department of State**

**10. OFFICERS AND DIRECTORS**

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>SHELDON D DAGEN</b>	
STREET ADDRESS	<b>601 BRICKELL KEY DR., #901</b>	
CITY-ST-ZIP	<b>MIAMI FL 33131</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>ADAMS, RICHARD B</b>	
STREET ADDRESS	<b>601 BRICKELL KEY DR., #901</b>	
CITY-ST-ZIP	<b>MIAMI FL 33131</b>	
TITLE	<b>C</b>	<input type="checkbox"/> Delete
NAME	<b>GROSSMAN, PHILIP MD</b>	
STREET ADDRESS	<b>601 BRICKELL KEY DR., #901</b>	
CITY-ST-ZIP	<b>MIAMI FL 33131</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>KELLEY, SUSAN</b>	
STREET ADDRESS	<b>601 BRICKELL KEY DRI 3 901</b>	
CITY-ST-ZIP	<b>MIAMI FL 33131</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>ECKHART, JAMES M</b>	
STREET ADDRESS	<b>601 BRICKELL KEY DR., 901</b>	
CITY-ST-ZIP	<b>MIAMI FL 33131</b>	
TITLE	<b>TD</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>PEREZ, ALBERT</b>	
STREET ADDRESS	<b>601 BRICKELL KEY DR., #901</b>	
CITY-ST-ZIP	<b>MIAMI FL 33131</b>	

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Perez, Albert</b>	
STREET ADDRESS	<b>601 Brickell Key Drive, #901</b>	
CITY-ST-ZIP	<b>Miami, FL. 33131</b>	

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: \_\_\_\_\_ **REQUIRED**      4/14/03      805 3713333

CR2E037 (10/02)