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Apr 23 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1998**

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

DOCUMENT # **N95000004486 (5)**

1. Corporation Name

BHS REAL ESTATE FOUNDATION, INC.

Principal Place of Business	Mailing Address
8900 NORTH KENDALL DR. MIAMI FL 33176	8900 NORTH KENDALL DR. MIAMI FL 33176

3. Date Incorporated or Qualified: 09/20/1995

4. FEI Number: 65-0611015 ☐ Applied For ☐ Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☑ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☑ No

2. Principal Place of Business	2a. Mailing Address
21	26 6855 Red Road
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 5th Floor
City & State 23	City & State 28 Coral Gables, Florida
Zip 24 / Country 25	Zip 29 33143 / Country 30 Dade

9. Name and Address of Current Registered Agent

ROBERT BAAL
8900 NORT KENDALL DR.
MIAMI FL 33176

10. Name and Address of New Registered Agent

81 Name: Jody Lehman, Esq.
82 Street Address (P.O. Box Number is Not Acceptable): 6855 Red Road
83
84 City: Coral Gables **FL** 85 Zip Code: 33143

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: Jody Lehman Jody Lehman Vice President & General Counsel BHS
(If applicable, type or print name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE	D	☐ Change ☒ Addition
NAME	CARR, JAMES		1.2 NAME	Brian Keeley	
STREET ADDRESS	9040 SUNSET DR., #15		1.3 STREET ADDRESS	6855 Red Road	
CITY-ST-ZIP	MIAMI FL 33173		1.4 CITY-ST-ZIP	Coral Gables, Florida 33143	
TITLE	VD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	GLUCK, PAUL M.D.		2.2 NAME		
STREET ADDRESS	8950 N. KENDALL DR., #507		2.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33176		2.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	MORGENSTERN, MEL		3.2 NAME		
STREET ADDRESS	201 ALHAMBRA CIRCLE, #1200		3.3 STREET ADDRESS		
CITY-ST-ZIP	CORAL GABLES FL 33134		3.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	SOULE, PAUL		4.2 NAME		
STREET ADDRESS	6161 BLUE LAGOON DR., #360		4.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33126		4.4 CITY-ST-ZIP		
TITLE	CEOD	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	BAAL, ROBERT		5.2 NAME		
STREET ADDRESS	8900 NORTH KENDALL DR.		5.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33176		5.4 CITY-ST-ZIP		
TITLE	CFO	☑ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	LAWSON, RALPH E		6.2 NAME		
STREET ADDRESS	8900 NORTH KENDALL DR.		6.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33176		6.4 CITY-ST-ZIP		

CR2E037 (10/97)

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: Robert N Baal 4/15/98 596 6585
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #