FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 06, 1999 8:00 am
Secretary of State
05-06-1999 90227 029 ****61.25

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DOCUMENT # N95000004486

1. Corporation Name
BHS REAL ESTATE FOUNDATION, INC.

Principal Place of Business	Mailing Address
8900 NORTH KENDALL DR. MIAMI FL 33176	6855 RED ROAD 5TH FLOOR CORAL GABLES FL 33143 US

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 09/20/1995
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 65-0611015 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip / Country 24 / 25	Zip / Country 29 / 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

LEHMAN, ESQ JODY
6855 RED ROAD
CORAL GABLES FL 33143

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 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 Jody Lehman 4-28-99
Signature, typed or printed 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	D	☑ DELETE	1.1 TITLE	Chairman	☐ Change ☑ Addition
NAME	KEELEY, BRIAN		1.2 NAME	JAMES CARR	
STREET ADDRESS	6855 RED ROAD		1.3 STREET ADDRESS	9350 SUNSET DRIVE, #100	
CITY-ST-ZIP	CORAL GABLES FL 33143		1.4 CITY-ST-ZIP	Miami, FL 33173	
TITLE	VD	☑ DELETE	2.1 TITLE	Vice Chairman	☐ Change ☑ Addition
NAME	GLUCK, PAUL M.D.		2.2 NAME	William DICKINSON	
STREET ADDRESS	8950 N. KENDALL DR., #507		2.3 STREET ADDRESS	31 Ocean Reef Dr., Suite A101	
CITY-ST-ZIP	MIAMI FL 33176		2.4 CITY-ST-ZIP	Key Largo, FL 33037	
TITLE	SD	☑ DELETE	3.1 TITLE	Secretary	☐ Change ☑ Addition
NAME	MORGENSTERN, MEL		3.2 NAME	Yerby Barker	
STREET ADDRESS	201 ALHAMBRA CIRCLE, #1200		3.3 STREET ADDRESS	10585 S.W. 109 CT., Suite 202	
CITY-ST-ZIP	CORAL GABLES FL 33134		3.4. CITY-ST-ZIP	Miami, FL 33176	
TITLE	TD	☑ DELETE	4.1 TITLE	Treasurer	☐ Change ☑ Addition
NAME	SOULE, PAUL		4. 2 NAME	S. Lawrence Kahn, III	
STREET ADDRESS	6161 BLUE LAGOON DR., #360		4.3 STREET ADDRESS	80 S.W. 8 STREET, #1870	
CITY-ST-ZIP	MIAMI FL 33126		4.4 CITY-ST-ZIP	MIAMI, FL 33130	
TITLE	CEOD	☐ DELETE	5.1 TITLE	Director	☐ Change ☑ Addition
NAME	BAAL, ROBERT		5.2 NAME	Joel Schenkman, M.D.	
STREET ADDRESS	8900 NORTH KENDALL DR.		5.3 STREET ADDRESS	7867 N. KENDALL DRIVE, SUITE 100	
CITY-ST-ZIP	MIAMI FL 33176		5.4 CITY-ST-ZIP	MIAMI, FL 33156	
TITLE		☐ DELETE	6.1 TITLE	Director	☐ Change ☑ Addition
NAME			6.2 NAME	J. Scott Weston	
STREET ADDRESS			6.3 STREET ADDRESS	6361 S.W. 87 TERR.	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	Miami, FL 33143	

CR2E037 (11/98)

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, with all other like empowered.

SIGNATURE: [illegible] **FINANCIER REQUIRED** 4/29/99 305 596 6535
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #