

FILE NOW: FILING FEE IS \$61.25

FILED
May 06, 1999 8:00 am
Secretary of State

05-06-1999 90227 029 ****61.25

0031242

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # N95000004486

1. Corporation Name

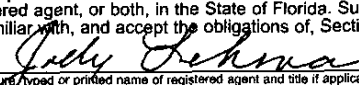
BHS REAL ESTATE FOUNDATION, INC.
 Principal Place of Business
 8900 NORTH KENDALL DR.
 MIAMI FL 33176

 Mailing Address
 6855 RED ROAD
 5TH FLOOR
 CORAL GABLES FL 33143
 US


2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		09/20/1995	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		65-0611015	
City & State		City & State		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing ☐ \$5.00 May Be Added to Fees	
Zip		Zip		Trust Fund Contribution	
24		25		29	
Country		Country		30	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
LEHMAN, ESQ JODY 6855 RED ROAD CORAL GABLES FL 33143				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City	
				85 Zip Code	
				FL	

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


 Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

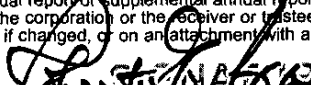
DATE

4-28-99

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	91 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, #870		
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		

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:


 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/99

Date

305 596 6535

Daytime Phone #

CR2E037 (11/98)