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CORPORATION ANNUAL REPORT **1995**

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

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DOCUMENT # N38239 (2)

1. Corporation Name

SOUTH FLORIDA VETERANS AFFAIRS FOUNDATION FOR RE SEARCH AND EDUCATION, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
% TRUMAN A. SKINNER, ESQ. 9130 S DADELAND BLVD., #1509, 2 DATRAN CTR MIAMI FL 33156	% TRUMAN A. SKINNER, ESQ. 9130 S DADELAND BLVD., #1509, 2 DATRAN CTR MIAMI FL 33156

3. Date Incorporated or Qualified: 05/21/1990
3a. Date of Last Report: 03/02/1994
4. FEI Number: 65-0207903 — Applied For ☐ Not Applicable ☐

2. Principal Place of Business	2a. Mailing Address
21 c/o TRACEY A. SKINNER, ESQ.	26 c/o TRACEY A. SKINNER, ESQ.
Suite, Apt. #, etc. 22 4675 PONCE de LEON BLVD. SUITE 305	Suite, Apt. #, etc. 27 4675 PONCE de LEON BLVD. SUITE 305
City & State 23 CORAL GABLES, FL.	City & State 28 CORAL GABLES, FL.
Zip / Country 24 33146 / 25 U.S.A.	Zip / Country 29 33146 / 30 U.S.A.

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. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

SKINNER, TRUMAN A., ESQ.
9130 S. DADELAND BLVD. #1509
2 DATRAN CENTER
MIAMI FL 33156

10. Name and Address of New Registered Agent

81 Name: TRACEY A SKINNER, ESQ.
82 Street Address (P.O. Box Number is Not Acceptable): 4675 PONCE de LEON BLVD, SUITE 305
83: RIVIERA PROFESSIONAL BUILDING
84 City: CORAL GABLES FL 85 Zip Code: 33146

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: Tracey A Skinner (TRACEY A. SKINNER) 3.3.95
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	1.1 TITLE	☐ Change ☐ Addition
NAME	DOHERTY, THOMAS C.	1.2 NAME	
STREET ADDRESS	1201 NW 16TH ST	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	FISHMAN, LAWRENCE, MD	2.2 NAME	
STREET ADDRESS	1201 NW 16TH ST	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	PEREZ-STABLE, ELISEO, MD	3.2 NAME	
STREET ADDRESS	1201 NW 16TH ST	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Lawrence M. Fishman, MD 3/20/95 305-324-3179
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number
Lawrence M. Fishman, M.D.

000401