

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAR -2 PM 4:06

DOCUMENT # N21265 (6)

1. Corporation Name

HEALTH FOUNDATION OF SOUTH FLORIDA, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/23/1987

3a. Date of Last Report

05/01/1994

4. FEI Number

65-0003584

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

28 City & State

24 Zip

Country

29 Zip

Country

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

10. Name and Address of New Registered Agent

ADAMS, RICHARD B JR.
CONCORD BLDG., 5TH FLOOR
66 WEST FLAGLER STREET
MIAMI FL 33130

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 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

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

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME LINDSAY, ALVIN F
STREET ADDRESS 601 BRICKELL KEY DR., #901
CITY-ST-ZIP MIAMI FL

1.1 TITLE M
1.2 NAME Anthony C. DeFurio
1.3 STREET ADDRESS 601 Brickell Key Dr #901
1.4 CITY-ST-ZIP Miami FL 33131
☐ Change ☒ Addition

TITLE TD
NAME CULBRETH, THOMAS
STREET ADDRESS 601 BRICKELL KEY DR., #901
CITY-ST-ZIP MIAMI FL

2.1 TITLE Beverly L. Muzler
2.2 NAME 601 BRICKELL Key DR #901
2.3 STREET ADDRESS miami, FL 33131
2.4 CITY-ST-ZIP
☐ Change ☒ Addition

TITLE CD
NAME O'NEIL, JOHN H JR.
STREET ADDRESS 601 BRICKELL KEY DR., #901
CITY-ST-ZIP MIAMI FL

3.1 TITLE Hector B. Jimenez, MD
3.2 NAME 601 BRICKELL Key DR #901
3.3 STREET ADDRESS miami, FL 33131
3.4 CITY-ST-ZIP
☐ Change ☒ Addition

TITLE D
NAME GROSSMAN, PHILIP M.D.
STREET ADDRESS 601 BRICKELL KEY DR., 901
CITY-ST-ZIP MIAMI FL

4.1 TITLE Jesse McCrary
4.2 NAME 601 BRICKELL Key DR #901
4.3 STREET ADDRESS miami, FL 33131
4.4 CITY-ST-ZIP
☐ Change ☒ Addition

TITLE D
NAME NORDQUIST, STAFFAN M.D.
STREET ADDRESS 601 BRICKELL KEY DR., 901
CITY-ST-ZIP MIAMI FL

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE D
NAME PEREZ, ALBERT
STREET ADDRESS 601 BRICKELL KEY DR., #901
CITY-ST-ZIP MIAMI FL

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP
☐ Change ☐ Addition

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 110.07(3)(k), 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an affidavit.

SIGNATURE:

Anthony C. DeFurio
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/6/95

305 374 7200

(Type in Please)