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FILED

Jan 21 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N20830 (8)

1. Corporation Name

HEALTH FOUNDATION RESEARCH & EDUCATION OF SOUTH  
FLORIDA, INC.

Principal Place of Business

Mailing Address

601 BRICKELL KEY DRIVE  
STE. #901  
MIAMI FL 33131  
US601 BRICKELL KEY DRIVE  
STE. #901  
MIAMI FL 33131-2649  
US3. Date Incorporated or Qualified  
05/26/19873a. Date of Last Report  
02/05/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City &amp; State

City &amp; State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number  
65-0005383Applied For  
Not Applicable5. Certificate of Status Desired ☐\$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution ☐\$5.00 May Be  
Added to Fees8. 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.  
CORCORD 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 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

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	CD	<input type="checkbox"/> DELETE
NAME	O'NEIL, JOHN H JR	
STREET ADDRESS	601 BRICKELL KEY DR., #901	
CITY-ST-ZIP	MIAMI FL 33131	

1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Dagen, Sheldon	
1.3 STREET ADDRESS	601 Brickell Key Dr., #901	
1.4 CITY-ST-ZIP	Miami, FL 33131	

TITLE	DS	<input type="checkbox"/> DELETE
NAME	MUELLER, BEVERLY L	
STREET ADDRESS	601 BRICKELL KEY DR., #901	
CITY-ST-ZIP	MIAMI FL 33131	

2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> DELETE
NAME	NORDQVIST, STAFFAN MD	
STREET ADDRESS	601 BRICKELL KEY DR., 901	
CITY-ST-ZIP	MIAMI FL 33131	

3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	DEFURIO, ANTHONY C	
STREET ADDRESS	601 BRICKELL KEY DR., #901	
CITY-ST-ZIP	MIAMI FL	

4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> DELETE
NAME	STANTON, WALTER J III	
STREET ADDRESS	601 BRICKELL KEY DR., #901	
CITY-ST-ZIP	MIAMI FL 33131	

5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	ADAMS, RICHARD B JR	
STREET ADDRESS	601 BRICKELL KEY DR., #901	
CITY-ST-ZIP	MIAMI FL 33131	

6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do 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: *John H. O'Neil Jr* *Jan 8 '97* *305-374-7200*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0026605

CR2E037 (9/96)