

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Aug 10, 1999 8:00 am
Secretary of State

08-10-1999 90011 033 ****61.25

DOCUMENT # N21265

1. Corporation Name

HEALTH FOUNDATION OF SOUTH FLORIDA, INC.

Principal Place of Business

601 BRICKELL KEY DR.
STE. 901
MIAMI FL 33131
US

Mailing Address

601 BRICKELL KEY D R.
STE. 901
MIAMI FL 33131
US

2. Principal Place of Business

21

Suite, Apt. #, etc.

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

City & State

27

Zip

Country

28

29

30

3. Date Incorporated or Qualified

06/23/1987

4. FEI Number

65-0003584

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

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

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS ☐ DELETE

TITLE	D	<input type="checkbox"/> DELETE
NAME	SHELDON D DAGEN	
STREET ADDRESS	601 BRICKELL KEY DR., #901	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CULBRETH, THOMAS	
STREET ADDRESS	601 BRICKELL KEY DR., #901	
CITY-ST-ZIP	MIAMI FL	
TITLE	CD	<input type="checkbox"/> DELETE
NAME	O'NEIL, JOHN H JR.	
STREET ADDRESS	601 BRICKELL KEY DR., #901	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GROSSMAN, PHILIP M.D.	
STREET ADDRESS	601 BRICKELL KEY DR., 901	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	NORDQUIST, STAFFAN M.D.	
STREET ADDRESS	601 BRICKELL KEY DR., 901	
CITY-ST-ZIP	MIAMI FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	PEREZ, ALBERT	
STREET ADDRESS	601 BRICKELL KEY DR., #901	
CITY-ST-ZIP	MIAMI FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Mueller, Beverly L	
1.3 STREET ADDRESS	601 Brickell Key Dr., #901	
1.4 CITY-ST-ZIP	Miami, FL 33131	
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Adams, Richard B., Jr.	
2.3 STREET ADDRESS	601 Brickell Key Dr., #901	
2.4 CITY-ST-ZIP	Miami, FL 33131	
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Stanton, Walter J	
3.3 STREET ADDRESS	601 Brickell Key Dr., #901	
3.4 CITY-ST-ZIP	Miami, FL 33131	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Perez, Albert	
6.3 STREET ADDRESS	601 Brickell Key Dr., 901	
6.4 CITY-ST-ZIP	Miami, FL 33131	

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 Aug 99 (305)374-7200