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 035 ****61.25

000351

DOCUMENT # N20830

1. Corporation Name
HEALTH FOUNDATION RESEARCH & EDUCATION OF SOUTH FLORIDA, INC.

603319 - 90011 - 35

Principal Place of Business	Mailing Address
601 BRICKELL KEY DRIVE STE. #901 MIAMI FL 33131 US	601 BRICKELL KEY DRIVE STE. #901 MIAMI FL 33131 US

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 05/26/1987
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 65-0005383 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip / Country 24 / 25	Zip / Country 29 / 30	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.
CORCORD 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CD	☐ DELETE	1.1 TITLE	D	XX Change ☐ Addition
NAME	O'NEIL, JOHN H JR		1.2 NAME	O'Neil, John H. Jr.	
STREET ADDRESS	601 BRICKELL KEY DR., #901		1.3 STREET ADDRESS	601 Brickell Key Dr., #901	
CITY-ST-ZIP	MIAMI FL 33131		1.4 CITY-ST-ZIP	Miami, FL 33131	
TITLE	DS	☐ DELETE	2.1 TITLE	D	XX Change ☐ Addition
NAME	MUELLER, BEVERLY L		2.2 NAME	Mueller, Beverly L.	
STREET ADDRESS	601 BRICKELL KEY DR., #901		2.3 STREET ADDRESS	601 Brickell Key Dr., #901	
CITY-ST-ZIP	MIAMI FL 33131		2.4 CITY-ST-ZIP	Miami, FL 33131	
TITLE	D	XX DELETE	3.1 TITLE	C	☐ Change XX Addition
NAME	NORDQVIST, STAFFAN MD		3.2 NAME	Grossman, Philip MD	
STREET ADDRESS	601 BRICKELL KEY DR., 901		3.3 STREET ADDRESS	601 Brickell Key Dr. 901	
CITY-ST-ZIP	MIAMI FL 33131		3.4 CITY-ST-ZIP	Miami, FL 33131	
TITLE	D	XX DELETE	4.1 TITLE	D	☐ Change XX Addition
NAME	WELSTEAD, THOMAS L		4.2 NAME	Sheldon Dagen	
STREET ADDRESS	601 BRICKELL KEY DR., #901		4.3 STREET ADDRESS	601 Brickell Key Dr., #901	
CITY-ST-ZIP	MIAMI FL 33131		4.4 CITY-ST-ZIP	Miami, FL 33131	
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	STANTON, WALTER J III		5.2 NAME		
STREET ADDRESS	601 BRICKELL KEY DR., #901		5.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33131		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (5/99)

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] REQUIRED 4 Aug 99 (305) 374-7200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #