

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N20830

1. Entity Name

HEALTH FOUNDATION RESEARCH & EDUCATION OF SOUTH

FILED
Feb 25, 2000 8:00 am
Secretary of State

02-25-2000 90019 018 ****61.25

| | |
|---|--|
| Principal Place of Business | Mailing Address |
| 601 BRICKELL KEY DRIVE STE. #901 MIAMI FL 33131 US | 601 BRICKELL KEY DRIVE STE. #901 MIAMI FL 33131-2649 US |

| | |
|--------------------------------|--------------------|
| 2. Principal Place of Business | 3. Mailing Address |
|--------------------------------|--------------------|

| | |
|---------------------|---------------------|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
|---------------------|---------------------|

| | |
|--------------|--------------|
| City & State | City & State |
|--------------|--------------|

| | | | |
|-----|---------|-----|---------|
| Zip | Country | Zip | Country |
|-----|---------|-----|---------|

| | |
|---------------|----------------|
| 4. FEI Number | Applied For |
| 65-0005383 | Not Applicable |

| | |
|----------------------------------|-------------------------|
| 5. Certificate of Status Desired | Additional Fee Required |
| <input type="checkbox"/> | \$8.75 |

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

| |
|--|
| Name |
| Street Address (P.O. Box Number is Not Acceptable) |
| City |
| FL Zip Code |

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

| | | |
|----------------|----------------------------|--|
| TITLE | D | <input checked="" type="checkbox"/> Delete |
| NAME | O'NEIL, JOHN H JR | |
| STREET ADDRESS | 601 BRICKELL KEY DR., #901 | |
| CITY-ST-ZIP | MIAMI FL 33131 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | MUELLER, BEVERLY L | |
| STREET ADDRESS | 601 BRICKELL KEY DR., #901 | |
| CITY-ST-ZIP | MIAMI FL 33131 | |
| TITLE | C | <input type="checkbox"/> Delete |
| NAME | GROSSMAN, PHILIP MD | |
| STREET ADDRESS | 601 BRICKELL KEY DR., 901 | |
| CITY-ST-ZIP | MIAMI FL 33131 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | DAGEN, SHELDON | |
| STREET ADDRESS | 601 BRICKELL KEY DR., #901 | |
| CITY-ST-ZIP | MIAMI FL 33131 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | STANTON, WALTER J III | |
| STREET ADDRESS | 601 BRICKELL KEY DR., #901 | |
| CITY-ST-ZIP | MIAMI FL 33131 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | |
|----------------|---|
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

12. 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 report or supplemental 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 10 or Block 11 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

Date

Daytime Phone #

2/11/00

CR2E037 (9/99)