2004 NOT-FOR-PROFIT CORPORATIO ANNUAL REPORT

FILED | 2004 8:00 am te

ON	Secretary of Sta						
	04-21-2004 90012 009 ****61.2						

1. Entity Name HFSF GRANTS MANAGEMENT, INC.					:	94-21-2004	90012 009	01	.23	
601 BRICKELL KEY DRIVE 60' STE. #901 STE		STE. #901	601 BRICKELL KEY DRIVE Ste. #901			54037499				
		3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.		<u>.</u>	03232004 _C	hg-NP	CR2E037 (10	/03)		
City & State		City & State			4. FEI Number 65-0005383		Applied For Not Applicable			
Zip	Country	Zip	Zip Country		5. Certificate of Status Desired \$8.75 Addition Fee Required				tional	
-	6. Name and Address of Current F	Registered Agent:	N	lame	7. Name end Add	ress of Now R	egistered Agent	<u>.</u> .	ر بمحدد منها	
ADAMS &	GLER STREET, 5TH FLOOR				P.O. Box Number is	Not Acceptable	e)			
			C	City			FL Zi	p Code		
	named entity submits this statement for ions of registered agent. Signature, typed or priviled name of registered agent	not title if application. (NOTE	E: Registered Age	ent signature required	when reinstating)	3/ ₂	23/04 DATE	able to		
40	Due by May 1, 2004 OFFICERS AND DIR	Trust Fund C			Added to Fees		ida Department			
TITLE NAME	D GROSSMAN, M.D. PHILIP	Delete	11. TITLE NAME	D			c	hange	Addition	
STREET ADDRESS CITY-ST-ZIP	601 BRICKELL KEY DR., #901 MIAMI, FL 33131	•	STREET AL		lley, sus 1 Brickel ami, FL			901		
TITLE NAME	D DAGEN, SHELDON	☐ Delete	TITLE NAME	C			₩ C	-	Addition	
STREET ADDRESS CITY-ST-ZIP	601 BRICKELL KEY DR., 901 MIAMI, FL 33131		STREET AL	od (DDRESS	r Bricke	11 Key =L. 331	Drive,	#90	٥۱ 	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD *ADAMS.*RICHARD B *601 BRICKELL KEY DR., #901 MIAMI, FL 33131	☐ Delete	TITLE - NAME === STREET AL	DORESS O	ams, Ri 1 Bricke iami, Fl	11 Key	Brive, 7	hange #901	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET AL	DDRESS		<u></u>		hange	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET AL CITY-ST-	1			c	hange	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET AL CITY-ST-	ZIP				thange	Addition	
12. I hereby indicated of the co	certify that the information supplied with ton this report of supplemental report is rporation or the receiver or trustee empore	this filing does not qualify for true and accurate and that in wered to execute this report	r the exempt my signature as required	tion stated in Se shall have the by Chapter 61	ection 119.07(3)(i), F same legal effect as 7, Florida Statutes; a	lorida Statutes, if made under nd that my nam	I further certify that oath; that I am an se appears in Bloc	at the in officer k 10 or	formation or director Block 11 if	

April 16, 2004