2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N21265

FILED Mar 01, 2011 Secretary of State

Entity Name: HEALTH FOUNDATION OF SOUTH FLORIDA, INC.

Current Principal Place of Business: New Principal Place of Business:

2 SOUTH BISCAYNE BLVD SUITE 1710 MIAMI, FL 33131 US

Current Mailing Address: New Mailing Address:

2 SOUTH BISCAYNE BLVD SUITE 1710 MIAMI, FL 33131 US

FEI Number: 65-0005384 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

ADAMS, RICHARD B JR ADAMS & ADAMS 155 S. MIAMI AVENUE, 9TH FLOOR MIAMI, FL 33130 US

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:

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: D

Name: KELLEY, SUSAN

Address: 2 S. BISCAYNE BLVD., SUITE 1710

City-St-Zip: MIAMI, FL 33131 FL

Title: CFO

Name: ANTIEAU, KATHY J

Address: 2 S. BISCAYNE BLVD., SUITE 1710

City-St-Zip: MIAMI, FL 33131 FL

Title: S

Name: PASALODOS, OMAR MD Address: 2 S. BISCAYNE BLVD. SUITE 1710

City-St-Zip: MIAMI, FL 33131 FL

Title: F

Name: MARCUS, STEVEN E

Address: 2 S. BISCAYNE BLVD., SUITW 1710

City-St-Zip: MIAMI, FL 33131 FL

Title:

Name: GROSSMAN, DIVINA

Address: 2 S. BISCAYNE BLVD., SUITE 1710

City-St-Zip: MIAMI, FL 33131 FL

Title: C

Name: GILMORE, KAREN

Address: 2 S. BISCAYNE BLVD., SUITE 1710

City-St-Zip: MIAMI, FL 33131 FL

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: KATHY ANTIEAU CFO 03/01/2011