2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2012
Secretary of State

DOCUMENT# N21265

Entity Name: HEALTH FOUNDATION OF SOUTH FLORIDA, INC.

Current Principal Place of Business:

2 SOUTH BISCAYNE BLVD
SUITE 1710
MIAMI, FL 33131 US

New Principal Place of Business:

Current Mailing Address:

2 SOUTH BISCAYNE BLVD
SUITE 1710
MIAMI, FL 33131 US

New Mailing Address:

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

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: LAVINA, RICHARD
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: CHANT, LOREEN
Address: 2 S. BISCAYNE BLVD. SUITE 1710
City-St-Zip: MIAMI, FL 33131 FL

Title: P
Name: MARCUS, STEVEN E
Address: 2 S. BISCAYNE BLVD., SUITW 1710
City-St-Zip: MIAMI, FL 33131 FL

Title: C
Name: GROSSMAN, DIVINA
Address: 2 S. BISCAYNE BLVD., SUITE 1710
City-St-Zip: MIAMI, FL 33131 FL

Title: D
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 J. ANTIEAU CFO 02/28/2012

Electronic Signature of Signing Officer or Director Date