

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 700442

**FILED**  
**Jan 17, 2018**  
**Secretary of State**  
**CC6634069988**

**Entity Name:** DOCTORS HOSPITAL FOUNDATION, INC.

**Current Principal Place of Business:**

6700 E TROPICAL WAY  
PLANTATION, FL 33317

**Current Mailing Address:**

6700 E TROPICAL WAY  
PLANTATION, FL 33317 US

**FEI Number:** 59-0906961

**Certificate of Status Desired:** No

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

GROSS, DONALD L  
6700 E. TROPICAL WAY  
PLANTATION, FL 33317 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:** DONALD L GROSS

01/17/2018

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DIRECTOR, PRESIDENT, SECRETARY  
Name GROSS, DONALD L  
Address 6700 E TROPICAL WAY  
City-State-Zip: PLANTATION FL 33317

Title DIRECTOR, CHAIRMAN  
Name KRAYER, ANTHONY  
Address 6051 N. OCEAN DR 1706  
City-State-Zip: HOLLYWOOD FL 33019

Title DIRECTOR  
Name NEER, HOWARD  
Address 700 LAKESIDE CIR  
City-State-Zip: POMPANO BEACH FL 33060

Title DIRECTOR, TREASURER  
Name GROSS, BRADLEY  
Address 6104 BROOK SHADOW CT  
City-State-Zip: GREENSBORO NC 33060

*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:** DONALD GROSS

**PRESIDENT**

01/17/2018

Electronic Signature of Signing Officer/Director Detail

Date