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

Electronic Signature of Signing Officer/Director Detail

Electronic Signature of 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:

Officer/Director Detail :			
Title	PD	Title	D
Name	GROSS, DONALD LTRUSTEE	Name	KRAYER, ANTHONY TRUSTEE
Address	6700 E TROPICAL WAY	Address	6051 N. OCEAN DR 1706
City-State-Zip:	PLANTATION FL 33317	City-State-Zip:	HOLLYWOOD FL 33019
Title	С		
Name	NEER, HOWARD LTRUSTEE		
Address	700 LAKESIDE CIR		
City-State-Zip:	POMPANO BEACH FL 33060		

FEI Number: 59-0906961 Name and Address of Current Registered Agent:

Current Mailing Address: 6700 E TROPICAL WAY PLANTATION. FL 33317 US

Current Principal Place of Business:

GROSS, DONALD LPRES. 6700 E. TROPICAL WAY PLANTATION, FL 33317 US

DOCUMENT# 700442

6700 E TROPICAL WAY PLANTATION. FL 33317



Entity Name: DOCTORS HOSPITAL FOUNDATION, INC.

FILED Feb 10, 2017 Secretary of State CC7820012044

Certificate of Status Desired: No

Date

02/10/2017 Date

PRESIDENT