

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 700442

**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 LPRES.  
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:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Officer/Director Detail :**

Title PD  
Name GROSS, DONALD LTRUSTEE  
Address 6700 E TROPICAL WAY  
City-State-Zip: PLANTATION FL 33317

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

Title C  
Name NEER, HOWARD LTRUSTEE  
Address 5840 SW 8 ST  
City-State-Zip: PLANTATION FL 33317

*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**

**01/15/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date