

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

DOCUMENT# 707629

**FILED**  
**Apr 28, 2014**  
**Secretary of State**  
**CC4944161127**

**Entity Name:** SOUTH FLORIDA HOSPITAL AND HEALTHCARE ASSOCIATION, INC.

**Current Principal Place of Business:**

1855 GRIFFIN ROAD  
SUITE A-415  
DANIA BEACH, FL 33004

**Current Mailing Address:**

1855 GRIFFIN ROAD  
SUITE A-415  
DANIA BEACH, FL 33004 US

**FEI Number: 59-0979494**

**Certificate of Status Desired: No**

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

QUICK, LINDA S  
1855 GRIFFIN ROAD  
SUITE A-415  
DANIA BEACH, FL 33004 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 P  
Name QUICK, LINDA S  
Address 1855 GRIFFIN ROAD  
SUITE A-415  
City-State-Zip: DANIA BEACH FL 33004

Title DC  
Name BRYAN, MARK  
Address 1855 GRIFFIN ROAD  
SUITE A-415  
City-State-Zip: DANIA BEACH FL 33004

Title DVC  
Name MENDEZ, LINCOLN  
Address 1855 GRIFFIN ROAD  
SUITE A-415  
City-State-Zip: DANIA BEACH FL 33004

Title DT  
Name BALL, JAMES  
Address 1855 GRIFFIN ROAD  
SUITE A-415  
City-State-Zip: DANIA BEACH FL 33004

Title DS  
Name LECONTE, CHANTEL  
Address 1855 GRIFFIN ROAD  
SUITE A-415  
City-State-Zip: DANIA BEACH FL 33004

Title D  
Name GLIDEWELL, CALVIN  
Address 1855 GRIFFIN ROAD  
SUITE A-415  
City-State-Zip: DANIA BEACH FL 33004

*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: LINDA QUICK**

**PRESIDENT**

**04/28/2014**

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

\_\_\_\_\_  
Date