2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N17410

Entity Name: SOUTH FLORIDA HOSPITAL RESEARCH AND EDUCATION

FOUNDATION, INC.

Apr 28, 2017 Secretary of State CC5100390315

FILED

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: 59-2732250 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CALDWELL, JAIME 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: JAIME S. CALDWELL 04/28/2017

Electronic Signature of Registered Agent Date

Officer/Director Detail:

City-State-Zip:

 Title
 PRESIDENT
 Title
 DIRECTOR

 Name
 CALDWELL, JAIME S
 Name
 BRYAN, MARK

Address 1855 GRIFFIN ROAD Address 1855 GRIFFIN ROAD

SUITE A-415 SUITE A-415

City-State-Zip: DANIA BEACH FL 33004 City-State-Zip: DANIA BEACH FL 33004

Title DIRECTOR, SECRETARY Title DIRECTOR

Name BALL, JAMES Name MENDEZ, LINCOLN

Address 1855 GRIFFIN ROAD Address 1855 GRIFFIN ROAD

SUITE A-415 SUITE A-415

City-State-Zip: DANIA BEACH FL 33004 City-State-Zip: DANIA BEACH FL 33004

Title DIRECTOR, CHAIRMAN Title D

Name LECONTE, CHANTAL Name FELIX, CHARLES
Address 1855 GRIFFIN ROAD Address 1855 GRIFFIN ROA

1855 GRIFFIN ROAD Address 1855 GRIFFIN ROAD SUITE A-415 SUITE A-415

DANIA BEACH FL 33004 City-State-Zip: DANIA BEACH FL 33004

 Title
 DIRECTOR, TREASURER
 Title
 DIRECTOR

 Name
 WELCH, JEFF
 Name
 ZALAZNIK, MARY

Address 1855 GRIFFIN ROAD Address 1855 GRIFFIN ROAD

SUITE A-415 SUITE A-415

City-State-Zip: DANIA BEACH FL 33004 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: JAIME CALDWELL PRESIDENT 04/28/2017