

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
Feb 25, 2014
Secretary of State
CC6886907095

Entity Name: HEALTH FOUNDATION OF SOUTH FLORIDA, INC.

Current Principal Place of Business:

2 SOUTH BISCAYNE BLVD
SUITE 1710
MIAMI, FL 33131

Current Mailing Address:

2 SOUTH BISCAYNE BLVD
SUITE 1710
MIAMI, FL 33131 US

FEI Number: 65-0005384

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ADAMS, RICHARD BJR
ADAMS & ADAMS
155 S. MIAMI AVENUE, 9TH FLOOR
MIAMI, FL 33130 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 CHAIRMAN
Name LAVINA, RICHARD
Address 2 SOUTH BISCAYNE BLVD
SUITE 1710
City-State-Zip: MIAMI FL 33131

Title CFO
Name ANTIEAU, KATHY J
Address 2 SOUTH BISCAYNE BLVD
SUITE 1710
City-State-Zip: MIAMI FL 33131

Title VC
Name CHANT, LOREEN
Address 2 SOUTH BISCAYNE BLVD
SUITE 1710
City-State-Zip: MIAMI FL 33131

Title P
Name MARCUS, STEVEN E
Address 2 S. BISCAYNE BLVD., SUITW 1710
City-State-Zip: MIAMI FL 33131

Title SECRETARY
Name FINKLE, ARTHUR
Address 2 SOUTH BISCAYNE BLVD
SUITE 1710
City-State-Zip: MIAMI FL 33131

Title D
Name GILMORE, KAREN
Address 2 SOUTH BISCAYNE BLVD
SUITE 1710
City-State-Zip: MIAMI FL 33131

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: KATHY ANTIEAU

CFO

02/25/2014

Electronic Signature of Signing Officer/Director Detail

Date