2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N21265

Entity Name: HEALTH FOUNDATION OF SOUTH FLORIDA, INC.

FILED
Mar 03, 2017
Secretary of State
CC7641679585

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:

Address

Address

Officer/Director Detail :

Title DIRECTOR Title CFO

Electronic Signature of Registered Agent

Name CHANT, LOREEN Name ANTIEAU, KATHY J

Address 2 SOUTH BISCAYNE BLVD Address 2 SOUTH BISCAYNE BLVD

SUITE 1710 SUITE 1710

City-State-Zip: MIAMI FL 33131 City-State-Zip: MIAMI FL 33131

Title CHAIRMAN Title P

Name TRAN, THAO Name MARCUS, STEVEN E

Address 2 SOUTH BISCAYNE BLVD Address 2 S. BISCAYNE BLVD., SUITW 1710
SUITE 1710

City-State-Zip: MIAMI FL 33131

City-State-Zip: MIAMI FL 33131

Title VC

Name GILMORE, KAREN

Name WILSON, EVERETT Address 2 SOUTH BISCAYNE BLVD

2 SOUTH BISCAYNE BLVD SUITE 1710

SUITE 1710

City-State-Zip: MIAMI FL 33131

Title DIRECTOR

Name AKITI, MELIDA

Name ADAMS, RICHARD Address 2 SOUTH BISCAYNE BLVD

2 SOUTH BISCAYNE BLVD SUITE 1710

SUITE 1710

City-State-Zip: MIAMI FL 33131

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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: STEVEN E. MARCUS PRESIDENT & CEO 03/03/2017

Date

Officer/Director Detail Continued:

Title DIRECTOR

Name BREWSTER, LUTHER

Address 2 SOUTH BISCAYNE BLVD

SUITE 1710

City-State-Zip: MIAMI FL 33131

Title DIRECTOR

Name DE LUCCA, MICHAEL

Address 2 SOUTH BISCAYNE BLVD

SUITE 1710

City-State-Zip: MIAMI FL 33131

Title DIRECTOR

Name GROSSMAN, PHILIP

Address 2 SOUTH BISCAYNE BLVD

SUITE 1710

City-State-Zip: MIAMI FL 33131

Title DIRECTOR

Name KELLEY, SUSAN

Address 2 SOUTH BISCAYNE BLVD

SUITE 1710

City-State-Zip: MIAMI FL 33131

Title DIRECTOR

Name RONDA, BARBARA

Address 2 SOUTH BISCAYNE BLVD

SUITE 1710

City-State-Zip: MIAMI FL 33131

Title DIRECTOR

Name CASILLAS, JAVIER

Address 2 SOUTH BISCAYNE BLVD

SUITE 1710

City-State-Zip: MIAMI FL 33131

Title DIRECTOR
Name FINE, CAROL

Address 2 SOUTH BISCAYNE BLVD

SUITE 1710

City-State-Zip: MIAMI FL 33131

Title DIRECTOR

Name HERNANDEZ, INES

Address 2 SOUTH BISCAYNE BLVD

SUITE 1710

City-State-Zip: MIAMI FL 33131

Title DIRECTOR

Name KING, RODERICK

Address 2 SOUTH BISCAYNE BLVD

SUITE 1710

City-State-Zip: MIAMI FL 33131