

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N21265

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:**CHANT, LOREEN
2 SOUTH BISCAYNE BLVD
SUITE 1710
MIAMI, FL 33131 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:** LOREEN CHANT

04/01/2021

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIRECTOR
Name TRAN, THAO
Address 2 SOUTH BISCAYNE BLVD
SUITE 1710
City-State-Zip: MIAMI FL 33131

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

Title DIRECTOR
Name WILSON, EVERETT
Address 2 SOUTH BISCAYNE BLVD
SUITE 1710
City-State-Zip: MIAMI FL 33131

Title CHAIRMAN
Name AKITI, MELIDA
Address 2 SOUTH BISCAYNE BLVD
SUITE 1710
City-State-Zip: MIAMI FL 33131

Title TREASURER
Name CASILLAS, JAVIER
Address 2 SOUTH BISCAYNE BLVD
SUITE 1710
City-State-Zip: MIAMI FL 33131

Title VC
Name DE LUCCA, MICHAEL
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 STUMPHAUZER, RYAN
Address 2 SOUTH BISCAYNE BLVD
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: KATHY ANTIEAU**CHIEF FINANCIAL
OFFICER**

04/01/2021

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name HERNANDEZ, INES
Address 2 SOUTH BISCAYNE BLVD
 SUITE 1710
City-State-Zip: MIAMI FL 33131

Title DIRECTOR
Name WONG, DIONNE
Address 2 SOUTH BISCAYNE BLVD
 SUITE 1710
City-State-Zip: MIAMI FL 33131

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

Title DIRECTOR
Name ADAMS, NELSON
Address 2 S. BISCAYNE BOULEVARD
 SUITE 1710
City-State-Zip: MIAMI FL 33131