

**2023 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

01/25/2023

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P  
Name CHANT, LOREEN  
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 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 WILSON, EVERETT  
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 STUMPHAUZER, RYAN  
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

**Continues on page 2**

*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:** ALECIA ROSE DILLON

CFO

01/25/2023

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

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

Title CFO  
Name DILLON, ALECIA R.  
Address 2 SOUTH BISCAYNE BLVD  
SUITE 1710  
City-State-Zip: MIAMI FL 33131

Title DIRECTOR  
Name COATS, CARALINE  
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

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

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