

2014 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:**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	VC
Name	CHANT, LOREEN
Address	2 SOUTH BISCAYNE BLVD SUITE 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	CFO
Name	ANTIEAU, KATHY J
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	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