2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
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Secretary of State
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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	DIRECTOR
Name	CHANT, LOREEN
Address	2 SOUTH BISCAYNE BLVD SUITE 1710
City-State-Zip:	MIAMI FL 33131

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

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

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

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

Title	DIRECTOR
Name	AKITI, MELIDA
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: STEVEN E. MARCUS PRESIDENT & CEO 03/03/2017

Electronic Signature of Signing Officer/Director Detail — 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	CASILLAS, JAVIER
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	FINE, CAROL
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	HERNANDEZ, INES
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	KING, RODERICK
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