

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N38239

Entity Name: SOUTH FLORIDA VETERANS AFFAIRS FOUNDATION FOR RESEARCH AND EDUCATION, INC.**FILED**
Feb 01, 2021
Secretary of State
2474793988CC**Current Principal Place of Business:**1201 N.W. 16TH STREET ROOM D806
MIAMI, FL 33125**Current Mailing Address:**1201 N.W. 16TH STREET ROOM D806
MIAMI, FL 33125 US**FEI Number: 65-0207903****Certificate of Status Desired: Yes****Name and Address of Current Registered Agent:**JACKSON, ROBERT M M.D.
1201 N.W. 16TH STREET ROOM 2A103
MIAMI, FL 33125 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 PRESIDENT AND CHAIR OF THE BOARD OF DIRECTORS
Name JACKSON, ROBERT M M.D.
Address 1201 N.W. 16TH STREET RESEARCH 151, ROOM 2A110
City-State-Zip: MIAMI FL 33125

Title STATUTORY VA DIRECTOR
Name DEGENNARO, VINCENT A M.D.
Address 1201 N.W. 16TH STREET RESEARCH 151, ROOM 2A102
City-State-Zip: MIAMI FL 33125

Title EXECUTIVE DIRECTOR
Name WASHBURN, KATRINA B PHD
Address 1201 N.W. 16TH STREET RESEARCH 151, ROOM D806
City-State-Zip: MIAMI FL 33125

Title STATUTORY VA DIRECTOR
Name JANGDHARI, KALAUTIE S
Address 1201 N.W. 16TH STREET RESEARCH 151, ROOM D806
City-State-Zip: MIAMI FL 33125

Title STATUTORY VA DIRECTOR
Name COOKE, TIMOTHY J FACHE
Address 13800 VETERANS WAY MEDICAL CENTER (00)
City-State-Zip: ORLANDO FL 32827

Title STATUTORY VA DIRECTOR
Name HAGENLOCKER, BRIAN MD
Address 1201 N.W. 16TH STREET RESEARCH 151, ROOM D806
City-State-Zip: MIAMI FL 33125

Title DIRECTOR
Name ULLMAN, STEVEN PHD
Address 1201 N.W. 16TH STREET RESEARCH 151, ROOM D806
City-State-Zip: MIAMI FL 33125

Title STATUTORY VA DIRECTOR
Name PRICE, CORY P FACHE
Address 7305 N. MILITARY TRAIL MEDICAL CENTER (00)
City-State-Zip: WEST PALM BEACH FL 33410

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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: KATRINA B WASHBURN**EXECUTIVE DIRECTOR****02/01/2021**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name ROSNER, CURT CPA
Address 1201 N.W. 16TH STREET
RESEARCH 151, ROOM D806
City-State-Zip: MIAMI FL 33125

Title DIRECTOR
Name OLSHANSKY, VICTOR
Address 1201 N.W. 16TH STREET
RESEARCH 151, ROOM D806
City-State-Zip: MIAMI FL 33125

Title DIRECTOR
Name NORCINI, MARTIN
Address 1201 N.W. 16TH STREET
RESEARCH 151, ROOM D806
City-State-Zip: MIAMI FL 33125

Title DIRECTOR
Name MCKINNEY, MIGUEL
Address 1201 N.W. 16TH STREET
RESEARCH 151, ROOM D806
City-State-Zip: MIAMI FL 33125

Title STATUTORY VA DIRECTOR
Name ZACHER, LISA MD, MACP, FCCP
Address 13800 VETERANS WAY
City-State-Zip: ORLANDO FL 32827